| Fill in this information to identify your case: |                               |                                   |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the:         |                               |                                   |
| DISTRICT OF PUERTO RICO                         |                               |                                   |
| Case number (if known)                          | Chapter you are filing under: |                                   |
|   | Chapter 7                     |                                   |
|   | ☐ Chapter 11                  |                                   |
|   | ☐ Chapter 12                  |                                   |
|   | ☐ Chapter 13                  | ☐ Check if this an amended filing |

# Official Form 101

# **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself  |  |   |  |
|-----|--|--|---|--|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case): |  |
| 1.  | Your full name   |  |   |  |
|     | Write the name that is on  | JUAN                                     |   |  |
|     | your government-issued picture identification (for   | First name                               | First name                                    |  |
|     | example, your driver's   | ANTONIO                                  |   |  |
| lie | license or passport).  | Middle name                              | Middle name                                   |  |
|     | Bring your picture   | MIRANDA SERRANO                          |   |  |
|     | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |
| 2.  | All other names you hav  | e  |   |  |
|     | Include your married or maiden names.  |  |   |  |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-8153                              |   |  |

|    |  | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs.  Business name(s)  | ☐ I have not used any business name or EINs.  Business name(s)  EINs   |
|    |  |   |  |
| 5. | Where you live   | PASEO DE LA CEIBA<br>355 CALLE LAUREL<br>Juncos, PR 00777   | If Debtor 2 lives at a different address:  |
|    |  | Number, Street, City, State & ZIP Code  Juncos  | Number, Street, City, State & ZIP Code   |
|    |  | County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | County  If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
|    |  | PO Box 1651 Las Piedras, PR 00771-1651 Number, P.O. Box, Street, City, State & ZIP Code   | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing this district to file for   | Check one:  | Check one:   |
|    | bankruptcy   | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                               |
|    |  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)  |
|    |  |   |  |

| 11. | Do you rent your |
|-----|------------------|
|     | residence?       |

No.

Go to line 12.

Debtor

District

☐ Yes.

Has your landlord obtained an eviction judgment against you?

When

No. Go to line 12.

Yes, Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Relationship to you Case number, if known

| Deb | otor 1 JUAN ANTONIO M   | IIRANDA            | SERRA  | ANO Case number (if known)  |  |  |
|-----|---|--------------------|--|---|--|--|
|     |   |                    |  |   |  |  |
| Par | Report About Any Bu   | sinesses           | You Own  | as a Sole Proprietor  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.              | Go to  | Part 4.   |  |  |
|     |   | ☐ Yes.             | Name   | e and location of business  |  |  |
|     | A sole proprietorship is a  |                    |  |   |  |  |
|     | business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                    | Name   | e of business, if any   |  |  |
|     | If you have more than one sole proprietorship, use a  |                    | Numb   | ber, Street, City, State & ZIP Code   |  |  |
|     | separate sheet and attach it to this petition.  |                    | Chec   | ek the appropriate box to describe your business:   |  |  |
|     | ·   |                    |  | Health Care Business (as defined in 11 U.S.C. § 101(27A))   |  |  |
|     |   |                    |  | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |
|     |   |                    |  | Stockbroker (as defined in 11 U.S.C. § 101(53A))  |  |  |
|     |   |                    |  | Commodity Broker (as defined in 11 U.S.C. § 101(6))   |  |  |
|     |   |                    |  | None of the above   |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?                    | deadline operation | If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approper deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, stateme operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the proce in 11 U.S.C. 1116(1)(B). |   |  |  |
|     | For a definition of small business debtor, see 11 U.S.C. § 101(51D).  | ■ No.              | I am i   | not filing under Chapter 11.  |  |  |
|     |   | □ No.              | I am f<br>Code   | filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy<br>e. |  |  |
|     |   | ☐ Yes.             | I am f   | filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code       |  |  |
| Par | t 4: Report if You Own or   | Have Any           | / Hazardo  | ous Property or Any Property That Needs Immediate Attention   |  |  |
| 14. | Do you own or have any  | ■ No.              |  |   |  |  |
|     | property that poses or is<br>alleged to pose a threat<br>of imminent and<br>identifiable hazard to                                | ☐ Yes.             | What is  | the hazard?   |  |  |
|     | public health or safety?<br>Or do you own any<br>property that needs<br>immediate attention?                                      |                    |  | diate attention is<br>, why is it needed?   |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs                                 |                    | Where i  | is the property?  |  |  |

Number, Street, City, State & Zip Code

urgent repairs?

## Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

# About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb  | tor 1 JUAN ANTONIO N  | /IRANDA  | SERRANO  | Case numbe  | (if known)  |  |  |
|------|---|--|--|---|---|--|--|
| Par  | 6: Answer These Questi  | ions for R   | eporting Purposes  |   |   |  |  |
| 16.  | What kind of debts do you have?   | 16a.   |  | consumer debts? Consumer debts are defires and family, or household purpose."                     | ned in 11 U.S.C. § 101(8) as "incurred by an                          |  |  |
|      |   |  | ☐ No. Go to line 16b.  |   |   |  |  |
|      |   |  | Yes. Go to line 17.  |   |   |  |  |
|      |   | 16b.   | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. |   |   |  |  |
|      |   |  | ☐ No. Go to line 16c.  |   |   |  |  |
|      |   |  | ☐ Yes. Go to line 17.  |   |   |  |  |
|      |   | 16c.   | State the type of debts you  | owe that are not consumer debts or busines  | ss debts  |  |  |
| 17.  | Are you filing under Chapter 7?   | □ No.  | I am not filing under Chapte   | er 7. Go to line 18.  |   |  |  |
|      | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will |  | expenses are paid that fund  No  | Do you estimate that after any exempt prop<br>ds will be available to distribute to unsecured     |   |  |  |
|      | be available for distribution to unsecured creditors?   |  | ■ Yes  |   |   |  |  |
| 18.  | you estimate that you owe?  | <b>■</b> 1-49  |  | □ 1,000-5,000   | <b>1</b> 25,001-50,000  |  |  |
|      |   | ☐ 50-99  |  | ☐ 5001-10,000<br>☐ 10,001-25,000  | ☐ 50,001-100,000<br>☐ More than100,000                                |  |  |
|      |   | ☐ 100-1<br>☐ 200-9   |  | <b>1</b> 0,001-25,000   | □ More than 100,000   |  |  |
| 19.  |   |  | 50,000   | □ \$1,000,001 - \$10 million  | □ \$500,000,001 - \$1 billion   |  |  |
|      | estimate your assets to be worth?   |  | 01 - \$100,000   | ☐ \$10,000,001 - \$50 million<br>☐ \$50,000,001 - \$100 million                                   | ☐ \$1,000,000,001 - \$10 billion<br>☐ \$10,000,000,001 - \$50 billion |  |  |
|      |   |  | 001 - \$500,000<br>001 - \$1 million   | □ \$100,000,001 - \$500 million   | ☐ More than \$50 billion  |  |  |
| 20.  | How much do you   | □ \$0 - \$   |  | ☐ \$1,000,001 - \$10 million  | ☐ \$500,000,001 - \$1 billion   |  |  |
|      | estimate your liabilities to be?  | \$50,001 - \$100,000   |  | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million                                      | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion    |  |  |
|      |   | ■ \$100,001 - \$500,000<br>□ \$500,001 - \$1 million   |  | □ \$100,000,001 - \$100 million   | ☐ More than \$50 billion  |  |  |
| Part | :7: Sign Below  |  |  |   |   |  |  |
| For  | you   | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.   |  |   |   |  |  |
|      |   |  |  | 7, I am aware that I may proceed, if eligible relief available under each chapter, and I chapter. |   |  |  |
|      |   | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). |  |   |   |  |  |
|      |   | I request  | est relief in accordance with the chapter of title 11, United States Code, specified in this petition.   |   |   |  |  |
|      |   | bankrupt<br>1519, an   | cy case can result in fines up<br>d 3571.  | at, concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20         |   |  |  |
|      |   | JUAN A   | N ANTONIO MIRANDA S<br>ANTONIO MIRANDA SER<br>e of Debtor 1  |   | r 2   |  |  |

Executed on

MM / DD / YYYY

Executed on June 25, 2018 MM / DD / YYYY

| Case | num | her | (if known) |  |
|------|-----|-----|------------|--|
|      |     |     |            |  |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Lyssette A Morales Vidal               | Date          | June 25, 2018                |
|--|---------------|------------------------------|
| Signature of Attorney for Debtor           |               | MM / DD / YYYY               |
| Lyssette A Morales Vidal 120011            |               |                              |
| L.A. MORALES & ASSOCIATES P.S.C. Firm name |               |                              |
| URB VILLA BLANCA                           |               |                              |
| 76 AQUAMARINA                              |               |                              |
| Caguas, PR 00725-1908                      |               |                              |
| Number, Street, City, State & ZIP Code     |               |                              |
| Contact phone <b>787-746-2434</b>          | Email address | lamoraleslawoffice@gmail.com |
| 120011 PR                                  |               |                              |
| Bar number & State                         |               | <del></del>                  |

| Fill in this infor  | mation to identify your  | case:              |           |  |
|---------------------|--------------------------|--------------------|-----------|--|
| Debtor 1            | JUAN ANTONIO             | MIRANDA SERRANO    |           |  |
|                     | First Name               | Middle Name        | Last Name |  |
| Debtor 2            |                          |                    |           |  |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name |  |
| United States Ba    | ankruptcy Court for the: | DISTRICT OF PUERTO | RICO      |  |
| Case number         |                          |                    |           |  |
| (if known)          |                          |                    |           |  |
|                     |                          |                    |           |  |

## **FORM 101. VOLUNTARY PETITION ATTACHMENT**

# Request for a 30-day temporary waiver of the requirement to file a certificate of completion of credit counseling.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

Explanation of efforts Debtor 1 made to obtain the briefing, why Debtor 1 was unable to obtain it before Debtor 1 filed for bankruptcy, and what exigent circumstances required Debtor 1 to file this case:

UST waiver of credit counseling & instructional course continue in effect as of 9/28/2017

| E:11 :        | n this information to ide                          |  |   |                    |                               |
|---------------|--|--|---|--------------------|-------------------------------|
| Debt          | n this information to ide                          | ntiny your case:<br>NTONIO MIRANDA SERRANG                             |   |                    |                               |
| Debi          | First Name   | Middle Name  | Last Name   |                    |                               |
| Debt<br>(Spou | tor 2<br>se if, filing) First Name                 | Middle Name  | Last Name   |                    |                               |
| Unite         | ed States Bankruptcy Cou                           | rt for the: DISTRICT OF PUER   | TO RICO   |                    |                               |
|               | e number   |  |   |                    |                               |
| (if kno       | wn)  |  |   | _                  | c if this is an<br>ded filing |
|               |  |  |   |                    | <b>3</b>                      |
| Off           | icial Form 1069                                    | Sum  |   |                    |                               |
|               |  |  | and Certain Statistical Information   |                    | 12/15                         |
| infor         | mation. Fill out all of you                        | ir schedules first; then complete                                      | ple are filing together, both are equally responsible<br>e the information on this form. If you are filing amen |                    |                               |
|               |  | •  | eck the box at the top of this page.  |                    |                               |
| Part          | 1: Summarize Your As                               | ssets  |   |                    |                               |
|               |  |  |   | Your a<br>Value of | ssets<br>of what you own      |
| 1.            | Schedule A/B: Property                             | (Official Form 106A/B)   |   | •                  | 212 492 00                    |
|               |  |  |   |                    | 213,482.00                    |
|               | 1b. Copy line 62, Total pe                         | ersonal property, from Schedule A                                      | /B  | . \$               | 20,418.00                     |
|               | 1c. Copy line 63, Total of                         | all property on Schedule A/B   |   | . \$               | 233,900.00                    |
| Part          | 2: Summarize Your Li                               | iabilities   |   |                    |                               |
|               |  |  |   |                    | <b>abilities</b><br>t you owe |
| 2.            |  | ho Have Claims Secured by Prope<br>ted in Column A, Amount of claim,   | erty (Official Form 106D) at the bottom of the last page of Part 1 of Schedule D                                | . \$               | 338,871.86                    |
| 3.            |  | Who Have Unsecured Claims (Offi<br>from Part 1 (priority unsecured cl  | icial Form 106E/F)<br>aims) from line 6e of <i>Schedule E/F</i>   | \$                 | 0.00                          |
|               | 3b. Copy the total claims                          | from Part 2 (nonpriority unsecure                                      | ed claims) from line 6j of Schedule E/F   | \$                 | 4,439.00                      |
|               |  |  | Your total liabilities  | \$                 | 343,310.86                    |
| Part          | 3: Summarize Your In                               | come and Expenses  |   |                    |                               |
| 4.            | Schedule I: Your Income<br>Copy your combined mon  |  | dule I  | \$                 | 2,758.00                      |
| 5.            | Schedule J: Your Expens<br>Copy your monthly expen |  |   | \$                 | 3,823.33                      |
| Part          | 4: Answer These Que                                | stions for Administrative and St                                       | tatistical Records  |                    |                               |
| 6.            |  | uptcy under Chapters 7, 11, or 1 ng to report on this part of the form | <b>3?</b> i. Check this box and submit this form to the court with y  | our other so       | chedules.                     |
| 7.            | ■ Yes What kind of debt do yo                      | ou have?   |   |                    |                               |
|               | ■ Your debts are prin                              | marily consumer debts. Consum  | er debts are those "incurred by an individual primarily for   | r a persona        | , family, or                  |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

☐ Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

660.00

One Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

| Official Form 106A/B Schedule A/B: Property  In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category of the fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct informer space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer  Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land  Current value of the current value of the entire property? portion years.   | ill in this inform  | ation to identify y   | our case and th  | nis filinç             | <b>g</b> :                         |   |                     |               |                                       |       |
|--|---|---|--|------------------------|------------------------------------|---|---------------------|---------------|---------------------------------------|-------|
| Debtor 2 [Spouse, if filling) First Name Middle Name Last Name  United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO  Case number   | Debtor 1  | JUAN ANTON  | IO MIRANDA   | SERRA                  | ANO                                |   |                     |               |                                       |       |
| United States Bankruptcy Court for the: DISTRICT OF PUERTO RICO  Case number   | ) - h ( 0   | First Name  | Middle   | Name                   |                                    | Last Name   |                     |               |                                       |       |
| Case number  |   | First Name  | Middle   | Name                   |                                    | Last Name   |                     |               |                                       |       |
| Difficial Form 106A/B Schedule A/B: Property  The ach category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category of fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct indoor espace is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a separate sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer or space is needed, attach as a set in the category, list the asset in the category or such as a set in the category. It is not not to any secured claims or exem amount of any secu | Jnited States Banl  | kruptcy Court for th  | ne: DISTRICT   | OF PUE                 | RTO RICO                           |   |                     |               |                                       |       |
| PASEO de la CEIBA  B'Yes. Where is the property?  What is the property?  What is the property? Check all that apply  Street address, if available, or other description  City  State  ZIP Code  City  State  ZIP Code  County  County  County  County  Check if this is community property  At least one of the debtors and another  At sees in more than one category, list the asset in the category of the asset in the category of the asset in the category of the catego | Case number   |   |  |                        |                                    | _   |                     |               | Check if this amended filir           |       |
| Do you own or have any legal or equitable interest in any residence, building, land, or similar property?    No. Go to Part 2.   | each category, sep<br>fits best. Be as cor<br>ore space is needed | e AB: Proparately list and descripted and accurate d, attach a separate | cribe items. List and as possible. If two sheet to this form | o married<br>n. On the | d people are fil<br>top of any add | ing together, both are equal<br>itional pages, write your nai | lly responsible for | supplying co  | rrect information.                    | u thi |
| Street address, if available, or other description   |   | he property?  |  | What                   | is the property                    | 1? Check all that apply                                       |                     |               |                                       |       |
| Street address, if available, or other description  Condominium or cooperative  Manufactured or mobile home Land Land Land Land Investment property Inmeshare Other Who has an interest in the property? Check one Debtor 1 only Debtor 2 only  At least one of the debtors and another  Current value of the entire property? portion your ownersh (such as fee simple, tenancy by the of a life estate), if known.  Fee simple  Current value of the entire property? portion your ownersh (such as fee simple, tenancy by the of a life estate), if known.  Fee simple  Check if this is community property.  Check if this is community property.  |   |   |  | •                      |                                    |   |                     |               |                                       | ut th |
| Juncos       PR       00777-0000       Land       Current value of the entire property?       Describe the nature of your ownersh (such as fee simple, tenancy by the day a life estate), if known.         Juncos       □ Debtor 1 only       □ Debtor 2 only       □ Debtor 2 only       □ Check if this is community property?         County       □ At least one of the debtors and another       □ Check if this is community property?  | Street address, if  | available, or other descri  | iption   | _                      |                                    | <u> </u>  | Creditors Who       | Have Claims   | Secured by Proper                     | ty.   |
| ☐ Timeshare ☐ Other ☐ Other Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ County ☐ Timeshare ☐ Other ☐ Other ☐ Other ☐ Describe the nature of your ownersh (such as fee simple, tenancy by the oral life estate), if known. Fee simple ☐ Check if this is community properties. ☐ Check if this is community properties.   | Juncos  | PR  | 00777-0000   |                        |                                    | or mobile home  |                     |               | Current value of the cortion you own? |       |
| Other  | City  | State   | ZIP Code   |                        | •                                  | operty  | <b>\$93,</b>        | 875.00        | \$93,87                               | 5.00  |
| Debtor 1 only  County  Debtor 2 only  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another    Check if this is community properties.   |   |   |  |                        |                                    |   | (such as fee s      | imple, tenanc |                                       |       |
| Juncos  □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community prop   |   |   |  | _                      |                                    | in the property? Check one                                    |                     |               |                                       |       |
| County  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Check if this is community propries   | luncos  |   |  | _                      | •                                  |   | Tee simple          |               |                                       |       |
| At least one of the debtors and another  Check if this is community prop   |   |   |  |                        | •                                  | Debtor 2 only   |                     |               |                                       |       |
| Other information you wish to add about this item, such as local   | •   |   |  |                        | At least one of                    | f the debtors and another                                     | (see instruc        |               | inity property                        |       |
| property identification number:  |   |   |  |                        | -                                  |   | em, such as local   |               |                                       |       |

Official Form 106A/B Schedule A/B: Property page 1

| ebtor 1  | JUAN ANTO  | NIO MI   |  | RANO  |  | Case number (if known   | ,   |   |
|--|--|--|--|---|--|---|---|---|
| If you   | own or have  | more   | than one. lis  | t here:   |  |   |   |   |
| 2  | · cim ci marc  |  | 00,0   |   | t is the property? Check all that apply  |   |   |   |
| Urb J  | ardin Central  |  |  |   | Single-family home   | Do not deduct se  | cured cla   | ims or exemptions. Put the  |
| E-8 C  | alle Mercedita   | 3  |  | _   | Duplex or multi-unit building  |   |   | nims or exemptions: I dit the   |
| Street ac  | ddress, if available, or   | other desc   | cription   | _ 🗆   | Condominium or cooperative   | Creditors Who Ha  | ave Clain   | ns Secured by Property.   |
|  |  |  |  |   | Condominant of Cooperative   |   |   |   |
|  |  |  |  |   | Manufactured or mobile home  |   |   |   |
| Huma   | acao   | PR   | 00791-0000   | ) _<br>_  | Land   | Current value of<br>entire property?  |   | Current value of the portion you own?   |
| City   |  | State  | ZIP Code   | _   |  | \$119,60  |   | \$119,607.00  |
| Oity   |  | Otate  | ZII Gode   |   |  | Ψ113,00   | 77.00   | φ119,001.00   |
|  |  |  |  | □   |  |   | •   | our ownership interest  |
|  |  |  |  | _   | has an interest in the property? Check   | - 1164-4-1 16 1   |   | ancy by the entireties, or  |
|  |  |  |  |   |  | Fee simple  |   |   |
| Huma   | acao   |  |  |   | ,  |   |   |   |
| County   |  |  |  |   | 20210. 2011.)  |   |   |   |
| ,  |  |  |  |   |  |   |   | munity property   |
|  |  |  |  |   | At least one of the debtors and anothe   | (   | ons)  |   |
|  |  |  |  |   | r information you wish to add about the erty identification number:  | his item, such as local   |   |   |
|  |  |  |  |   | d prop Humacao PR spouse   | & codebtor on mor   | tasas i   | who is not  |
|  |  |  |  |   | ng mortgage which is conseq  |   |   |   |
|  |  |  |  |   | 017 owing approx \$16,047.32   |   |   | or before   |
| pages y  |  | ed for F   |  |   | your entries from Part 1, includier here   |   |   | \$213,482.00  |
| pages y<br>art 2: Des<br>you own<br>meone els  | you have attach<br>cribe Your Vehick<br>n, lease, or have  | ed for Fes<br>elegal contacts                                | Part 1. Write the part 1. Writ | terest in a                                       | any vehicles, whether they are re<br>Schedule G: Executory Contracts a   | egistered or not? Include   | de any v  | <u> </u>  |
| pages y art 2: Des you own meone els Cars, vai   | you have attach<br>cribe Your Vehicle<br>a, lease, or have<br>se drives. If you l  | ed for Fes<br>elegal contacts                                | Part 1. Write the part 1. Writ | terest in a                                       | any vehicles, whether they are re<br>Schedule G: Executory Contracts a   | egistered or not? Include   | de any v  | <u> </u>  |
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| pages y art 2: Des you own meone els Cars, vai   | you have attach<br>cribe Your Vehicle<br>i, lease, or have<br>se drives. If you l<br>ins, trucks, tract  | ed for Fes<br>elegal contacts                                | Part 1. Write the part 1. Writ | terest in a                                       | any vehicles, whether they are re<br>Schedule G: Executory Contracts a   | egistered or not? Include and Unexpired Leases.  Do not deduct se   | ecured cla  | ehicles you own that  |
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| pages you own meone els Cars, vai No Yes 3.1 Make Mode   | you have attach cribe Your Vehicle I, lease, or have se drives. If you I ns, trucks, tract : Toyota I: Tacoma  | ed for Fes<br>elegal contacts                                | Part 1. Write the part 1. Writ | terest in a port it on so                         | any vehicles, whether they are re<br>Schedule G: Executory Contracts a<br>orcycles   | Pegistered or not? Include and Unexpired Leases.  Do not deduct set the amount of an Creditors Who Headers are continuous and | ecured cla<br>ny secured<br>dave Clair  | ehicles you own that  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.   |
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| pages you own meone else Cars, van No Yes  3.1 Make Mode Year: Approx  | you have attach cribe Your Vehicle a, lease, or have se drives. If you I ns, trucks, tract  Toyota Tacoma 2013   | ed for Fes<br>elegal contacts                                | Part 1. Write the part 1. Writ | who has a Debtor Debtor                           | any vehicles, whether they are re Schedule G: Executory Contracts a orcycles  In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only   | Pegistered or not? Include and Unexpired Leases.  Do not deduct set the amount of an Creditors Who Headers are continuous and | ecured cla<br>ny secured<br>lave Clair<br>f the   | ehicles you own that  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.   |
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| pages you own meone else Cars, van No Yes  3.1 Make Mode Year: Appro Other Kbb Need Wred VIN:  | rou have attach cribe Your Vehicle on, lease, or have see drives. If you I has, trucks, tract to the companient of the c | ed for I   | Part 1. Write the prequitable in vehicle, also re ort utility vehi   | who has a Debtor Debtor At least (see inst        | any vehicles, whether they are re Schedule G: Executory Contracts a orcycles  In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only one of the debtors and another if this is community property tructions)   | Do not deduct se the amount of an Creditors Who H.  Current value o entire property?  \$7,68  | ecured clain y secured fave Clair of the ?  | ehicles you own that  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$7,692.00  |
| pages you own meone else Cars, van Mode Year: Appro Other Kbb Need Wred VIN: 3.2 Make  | rou have attach cribe Your Vehicle (a., lease, or have se drives. If you I has, trucks, tract (a.)  Toyota Tacoma 2013  Eximate mileage: information:  Fair Trade in ds body work chage to left be # 5TFJU4GN6  FORD E 350   | ed for I   | Part 1. Write the prequitable in vehicle, also re ort utility vehi   | who has a Debtor At least (see inst               | any vehicles, whether they are re Schedule G: Executory Contracts a orcycles  In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only one of the debtors and another if this is community property tructions)  In interest in the property? Check one 1 only  | Do not deduct se the amount of an Creditors Who H.  Current value o entire property?  \$7,68  | ecured clain y secured fave Clair of the ?  | ehicles you own that  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$7,692.00  |
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| pages you own meone else you own meone else you own meone else years, var yes  3.1 Make Mode year: Approx Other  Kbb Need wred VIN:  3.2 Make Mode year: Approx App | rou have attach cribe Your Vehicle (a, lease, or have se drives. If you I has, trucks, tract (a) Tacoma 2013 (b) Tacoma 2013 (c) Tacoma (c) Tac | ed for I   | Part 1. Write the prequitable in vehicle, also re ort utility vehi   | who has a Debtor Debtor At least (see inst        | any vehicles, whether they are reschedule G: Executory Contracts a corcycles  In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only one of the debtors and another  if this is community property tructions)  In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only | Do not deduct set the amount of an Creditors Who H.  \$7,65  Do not deduct set the amount of an Creditors Who H.  | ecured clain y secured ave Clair f the ?  92.00  ecured clain y secured ave Clair f the | ehicles you own that  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.  Current value of the portion you own?  \$7,692.00  aims or exemptions. Put d claims on Schedule D: ms Secured by Property.                       |
| pages you own meone else you own meone else you own meone else years, var yes  3.1 Make Mode Year: Approx Other  Kbb Need wred VIN:  3.2 Make Mode Year: Approx Other  | rou have attach cribe Your Vehicle A, lease, or have see drives. If you I has, trucks, tract Tacoma 2013  District Trade in ds body work ckage to left b # 5TFJU4GN6  E 7080   | ed for I es elegal c ease a ors, sp  Value from ack dc DX038 | Part 1. Write the prequitable in vehicle, also re ort utility vehicle.   | who has a Debtor Debtor At least (see inst        | any vehicles, whether they are re Schedule G: Executory Contracts a orcycles  In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only one of the debtors and another if this is community property tructions)  In interest in the property? Check one 1 only 2 only   | Do not deduct se the amount of an Creditors Who H.  Do not deduct se the amount of an Creditors Who H.  \$7,69  Do not deduct se the amount of an Creditors Who H.  Current value o   | ecured clain y secured ave Clair f the ?  92.00  ecured clain y secured ave Clair f the | ehicles you own that  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the portion you own?  \$7,692.00  aims or exemptions. Put d claims on Schedule D: ns Secured by Property.  Current value of the |

Official Form 106A/B Schedule A/B: Property page 2

|     | Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories<br>Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories |   |
|-----|--|---|
|     | ■ No<br>□ Yes  |   |
| 5   | Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here=>  | \$10,801.00   |
|     | Describe Your Personal and Household Items o you own or have any legal or equitable interest in any of the following items?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6.  | Household goods and furnishings  Examples: Major appliances, furniture, linens, china, kitchenware  □ No  ■ Yes. Describe  | ciaims or exemptions.   |
|     | 1 Microwave 2 TV 1 Trimmer Light Tools Pots & Pans 5 minisplit Stove Washer Kmore  | \$2,700.00  |
| 7.  | Electronics  Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music of including cell phones, cameras, media players, games  ■ No  □ Yes. Describe          | collections; electronic devices   |
| 8.  | Collectibles of value  Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coir other collections, memorabilia, collectibles  ■ No  □ Yes. Describe     | n, or baseball card collections;  |
| 9.  | Equipment for sports and hobbies  Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments  ■ No  □ Yes. Describe                        | and kayaks; carpentry tools;  |
| 10. | <ul> <li>Firearms         <ul> <li>Examples: Pistols, rifles, shotguns, ammunition, and related equipment</li> </ul> </li> <li>■ No</li> <li>□ Yes. Describe</li> </ul>  |   |
| 11. | <ul> <li>Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No ■ Yes. Describe</li> </ul>  |   |
|     | Used Clothing & Personal effects   | \$1,500.00  |
| 12. | . Jewelry  |   |

Debtor 1

JUAN ANTONIO MIRANDA SERRANO

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

■ No

Official Form 106A/B Schedule A/B: Property page 3

| Debtor 1            | JUAN ANTON                                 | IIO MIF    | RANDA SERRANO             | Ca   | se number (if known)      |                                       |
|---------------------|--|------------|---------------------------|--|---------------------------|---------------------------------------|
| ☐ Yes               | . Describe                                 |            |                           |  |                           |                                       |
| 13. <b>Non-f</b>    | arm animals                                |            |                           |  |                           |                                       |
| Exan                | ples: Dogs, cats, b                        | irds, hoi  | ses                       |  |                           |                                       |
| ■ No                | . Describe                                 |            |                           |  |                           |                                       |
| □ res               | . Describe                                 |            |                           |  |                           |                                       |
| _                   | ther personal and                          | housel     | nold items you did not    | already list, including any health aid   | s you did not list        |                                       |
| ■ No<br>□ Yes       | . Give specific info                       | rmation    |                           |  |                           |                                       |
| <b>—</b> 103        | . Give specific fillo                      | mation     | ••••                      |  | _                         |                                       |
| 15 <b>Add</b>       | the dollar value of                        | f all of v | our entries from Part     | 3, including any entries for pages yo  | u have attached           |                                       |
|                     |  | -          |                           | o, merading any onlines for pages ye   | a navo allaonoa           | \$4,200.00                            |
|                     |  |            |                           |  |                           |                                       |
| Part 4: D           | escribe Your Financia                      | al Assets  | <b>s</b>                  |  |                           |                                       |
| Do you o            | wn or have any le                          | gal or e   | quitable interest in an   | y of the following?  |                           | Current value of the portion you own? |
|                     |  |            |                           |  |                           | Do not deduct secured                 |
|                     |  |            |                           |  |                           | claims or exemptions.                 |
| 16. <b>Cash</b>     |  |            |                           |  |                           |                                       |
| <i>Exan</i><br>□ No | ples: Money you ha                         | ave in yo  | our wallet, in your home  | , in a safe deposit box, and on hand wh  | en you file your petitior | 1                                     |
|                     |  |            |                           |  |                           |                                       |
| <b>—</b> 163        |  |            |                           |  |                           |                                       |
|                     |  |            |                           |  | Cash                      | \$100.00                              |
| □ No<br>■ Yes       |  |            | Checking Acct             | Institution name:  BPPR  |                           |                                       |
|                     |  | 17.1.      |                           | SS Deposit   |                           | \$1,850.00                            |
|                     |  |            | Checking Acct#            | O to AMBONI  |                           | 4407.00                               |
|                     |  | 17.2.      | 9700                      | Oriental Bank  |                           | \$167.00                              |
|                     | s, mutual funds, o<br>pples: Bond funds, i |            |                           | rage firms, money market accounts  |                           |                                       |
|                     |  |            | Institution or issuer nan | ne:  |                           |                                       |
| 10 Non r            | ublich traded ato                          | ak and     | intorosts in incornors    | ted and unincorporated businesses  | including an interact     | in an IIC partnership                 |
|                     | oint venture                               | ck and     | interests in incorpora    | ted and unincorporated businesses,   | including an interest     | in an LLC, partnership,               |
| ■ No                |  |            |                           |  |                           |                                       |
| ☐ Yes               | . Give specific info                       |            | about them                |  | af accompany by           |                                       |
|                     |  | Nar        | ne of entity:             | %  | of ownership:             |                                       |
| Nego                | tiable instruments iı                      | nclude p   | ersonal checks, cashie    | ble and non-negotiable instruments<br>rs' checks, promissory notes, and mone<br>er to someone by signing or delivering t |                           |                                       |
| ■ No                |  |            |                           |  |                           |                                       |
| ☐ Yes               | . Give specific infor                      |            |                           |  |                           |                                       |
|                     |  | ISSU       | ier name:                 |  |                           |                                       |
| Exan                | ment or pension a<br>ples: Interests in IF |            |                           | (b), thrift savings accounts, or other pen   | sion or profit-sharing p  | lans                                  |
| ■ No                | . List each account                        | canarat    | alv                       |  |                           |                                       |
| <b>∟</b> 165        | . List caci i accoullt                     | ocparal    | ∪ıy.                      |  |                           |                                       |

Official Form 106A/B Schedule A/B: Property page 4

|     |   | Type of account:  | Institution name:                         |  |  |
|-----|---|---|---|--|--|
|     | Examples: Agreement   | ed deposits you have made so  |   | ervice or use from a company<br>as, water), telecommunications o | companies, or others   |
|     | ■ No<br>□ Yes   |   | Institution name o                        | r individual:  |  |
|     | ■ No  | for a periodic payment of mono  | ey to you, either for life or             | for a number of years)   |  |
|     | 26 U.S.C. §§ 530(b)(1),  No   | 529A(b), and 529(b)(1).   |   | or under a qualified state tuiti                                 |  |
|     |   |   |   |  |  |
|     | ■ No □ Yes. Give specific in  | oformation about them   |   |  | ers exercisable for your benefit   |
|     | Examples: Internet do ■ No  | rademarks, trade secrets, ar<br>main names, websites, procee<br>nformation about them |   |  |  |
|     |   |   |   | ngs, liquor licenses, professional                               | licenses   |
| Mo  | oney or property owed   | to you?   |   |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     | Tax refunds owed to  ■ No □ Yes. Give specific in                               |   | g whether you already file                | ed the returns and the tax years                                 |  |
|     | Family support  Examples: Past due o  ■ No □ Yes. Give specific in              |   | support, child support, ma                | nintenance, divorce settlement, p                                | roperty settlement   |
|     | Other amounts some Examples: Unpaid way benefits; un  No  Yes. Give specific in | ges, disability insurance paym<br>npaid loans you made to some                        | ents, disability benefits, s<br>eone else | ick pay, vacation pay, workers' o                                | compensation, Social Security  |
| 31. | _   |   | savings account (HSA);                    | credit, homeowner's, or renter's                                 | insurance  |
|     | ■ No<br>□ Yes. Name the insur   | ance company of each policy a<br>Company name:  | and list its value.                       | Beneficiary:   | Surrender or refund value:   |
|     |   |   |   | ce policy, or are currently entitled                             | to receive property because  |

JUAN ANTONIO MIRANDA SERRANO

|                              | N ANTONIO MIRANDA SERRANO  | Case number (if known)                        |                   |
|------------------------------|--|---|-------------------|
|                              | st third parties, whether or not you have filed a lawsuit or cidents, employment disputes, insurance claims, or rights to s                              |   |                   |
| * * * *                      | be each claim  |   |                   |
| 34. Other conting            | ent and unliquidated claims of every nature, including co  | unterclaims of the debtor and rights t        | to set off claims |
| ☐ Yes. Descril               | be each claim  |   |                   |
| □ No                         | assets you did not already list  |   |                   |
| Yes. Give s                  | pecific information  |   |                   |
|                              | 5 months @ \$660 of future ren<br>October 2018]<br>\$800 -\$60 HOA - \$80 Realtor to<br>Rent is used for payment of m<br>cover installment entirely & pa | Adm B. Melendez<br>ortgage, although does not | \$3,300.00        |
| for Part 4. W                | ar value of all of your entries from Part 4, including any entrite that number here  |   | \$5,417.00        |
| Part 5: Describe A           | ny Business-Related Property You Own or Have an Interest In. List  | any real estate in Part 1.                    |                   |
| 37. <b>Do you own or h</b> a | ave any legal or equitable interest in any business-related property   | ?   |                   |
| Yes. Go to line              |  |   |                   |
|                              |  |   |                   |
|                              | ny Farm- and Commercial Fishing-Related Property You Own or Ha<br>or have an interest in farmland, list it in Part 1.                                    | ave an Interest In.                           |                   |
| 46. <b>Do you own o</b>      | r have any legal or equitable interest in any farm- or com   | mercial fishing-related property?             |                   |
| No. Go to Pa                 | art 7.   |   |                   |
| ☐ Yes. Go to li              | ine 47.  |   |                   |
| Part 7: Descri               | ibe All Property You Own or Have an Interest in That You Did Not L   | ist Above                                     |                   |
|                              | other property of any kind you did not already list? ason tickets, country club membership   |   |                   |
|                              | pecific information  |   |                   |
| 54. Add the doll             | ar value of all of your entries from Part 7. Write that numb   | er here                                       | \$0.00            |
|                              |  |   |                   |

Official Form 106A/B Schedule A/B: Property page 6

| Debtor 1 | JUAN ANTONIO MIRANDA SERRANO | Case number (if known) |
|----------|------------------------------|------------------------|
|          |                              |                        |

| Part 8 | List the Totals of Each Part of this Form                    |             |                              |              |
|--------|--|-------------|------------------------------|--------------|
| 55.    | Part 1: Total real estate, line 2                            |             |                              | \$213,482.00 |
| 56.    | Part 2: Total vehicles, line 5                               | \$10,801.00 |                              |              |
| 57.    | Part 3: Total personal and household items, line 15          | \$4,200.00  |                              |              |
| 58.    | Part 4: Total financial assets, line 36                      | \$5,417.00  |                              |              |
| 59.    | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.    | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.    | Part 7: Total other property not listed, line 54 +           | \$0.00      |                              |              |
| 62.    | Total personal property. Add lines 56 through 61             | \$20,418.00 | Copy personal property total | \$20,418.00  |
| 63.    | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$233,900.00 |

Official Form 106A/B Schedule A/B: Property page 7

| ΕÜ                       | l in this informa   | tion to identify your c   | ase:  |                             |  |  |  |
|--------------------------|---|---|---|-----------------------------|--|--|--|
| De                       | ebtor 1   |   | IRANDA SERRANO  |                             |  |  |  |
| Da                       | htor 2  | First Name  | Middle Name   | Li                          | ast Name   |  |  |
|                          | ebtor 2<br>oouse if, filing)  | First Name  | Middle Name   | L                           | ast Name   |  |  |
| Un                       | nited States Bank   | ruptcy Court for the:   | DISTRICT OF PUERTO RIC  | 20                          |  |  |  |
| 011                      | nica States Barne   | -   | DIOTRIOT OF TOLIKTO RIC   |                             |  |  |  |
|                          | ase number  |   |   |                             |  | _  | Objects Wilde to the   |
| (II K                    | nown)   |   |   |                             |  | "  | Check if this is an amended filing   |
|                          |   |   |   |                             |  | _  | amondod ming   |
| O                        | fficial Forr  | n 106C  |   |                             |  |  |  |
| S                        | chedule   | C: The Pro  | perty You Cla   | im                          | as Exempt  |  | 4/16   |
| the<br>nee<br>and        | property you listed<br>eded, fill out and a<br>dicase number (if                          | ed on <i>Schedule A/B: Pr</i><br>attach to this page as m<br>known).  | operty (Official Form 106A/B)<br>nany copies of <i>Part 2: Additio</i>                    | ) as yo<br>onal Pa          | ther, both are equally responsible four source, list the property that you age as necessary. On the top of an  | u claim as ex<br>y additional            | xempt. If more space is pages, write your name                             |
| spe<br>any<br>fun<br>exe | ecific dollar amo   | ount as exempt. Altern<br>utory limit. Some exer<br>imited in dollar amou                                       | atively, you may claim the f<br>mptions—such as those for<br>nt. However, if you claim ar | full fa<br>r heal<br>n exer | ount of the exemption you claim.<br>ir market value of the property be<br>th aids, rights to receive certain<br>nption of 100% of fair market val<br>determined to exceed that amour | eing exemp<br>benefits, an<br>ue under a | ted up to the amount of<br>ad tax-exempt retirement<br>law that limits the |
| Pa                       | rt 1: Identify  | the Property You Clair  | m as Exempt   |                             |  |  |  |
| 1                        | Which set of e  | xemptions are you cla   | aiming? Check one only, eve   | en if vo                    | our spouse is filing with you  |  |  |
| •                        | _   |   | nonbankruptcy exemptions.   | •                           | , , ,  |  |  |
|                          | _   | Ū   | . , .   | 11 0.0                      | 3.C. § 322(b)(3)   |  |  |
|                          | You are clair   | ming federal exemptions   | s. 11 U.S.C. § 522(b)(2)  |                             |  |  |  |
| 2.                       | For any proper  | rty you list on Schedu  | le A/B that you claim as exe  | empt,                       | fill in the information below.   |  |  |
|                          |   | of the property and line on the lists this property   | on Current value of the portion you own   | Amo                         | ount of the exemption you claim  | Specific lav                             | ws that allow exemption  |
|                          |   |   | Copy the value from<br>Schedule A/B   | Che                         | ck only one box for each exemption.  |  |  |
|                          |   | CEIBA E-8 CALLE<br>cos, PR 00777 Jun  | cos \$93,875.00   | •                           | \$9,825.00   | 11 U.S.C                                 | c. § 522(d)(5)   |
|                          | County Resd prop 3k Ia Ceiba June Line from Sche  |   | eo de   |                             | 100% of fair market value, up to any applicable statutory limit  |  |  |
|                          |   | entral E-8 Calle<br>ımacao, PR 00791  | \$119,607.00  |                             | \$0.00   | 11 U.S.C                                 | c. § 522(d)(5)   |
|                          | Humacao Co<br>Resd prop H<br>codebtor on<br>paing mortga<br>consequently<br>before 1/2012 | unty umacao PR spouse mortgage who is no age which is y in default since or 7 owing approx s of April 30, 2018. | ot  |                             | 100% of fair market value, up to any applicable statutory limit  |  |  |
|                          | 2013 Toyota<br>Kbb Fair Trad  | Tacoma 60000 mile   | \$7,692.00  |                             | \$906.00   | 11 U.S.C                                 | c. § 522(d)(5)   |
|                          | Needs body<br>left back doo   | work from wreckage  | e to  |                             | 100% of fair market value, up to any applicable statutory limit  |  |  |

Line from Schedule A/B: 3.1

| JUAN ANTONIO MIRANDA SERR   | A110                                 |        | Case number (if known)  |                                    |
|---|--------------------------------------|--------|---|------------------------------------|
| Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the portion you own | Amo    | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   | Copy the value from<br>Schedule A/B  | Che    | ck only one box for each exemption.                             |                                    |
| 2006 FORD E 350 100,000 miles<br>Kbb Fair Trade in Value  | \$3,109.00                           |        | \$3,109.00  | 11 U.S.C. § 522(d)(2)              |
| VIN # 1FDSE35P86HB18921<br>Line from Schedule A/B: 3.2  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 1 Microwave<br>2 TV   | \$2,700.00                           |        | \$2,700.00  | 11 U.S.C. § 522(d)(3)              |
| 1 Trimmer<br>Light Tools<br>Pots & Pans<br>5 minisplit<br>Stove<br>Washer Kmore<br>Line from Schedule A/B: 6.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Used Clothing & Personal effects  | \$1,500.00                           |        | \$1,500.00  | 11 U.S.C. § 522(d)(3)              |
| ine from Schedule A/B: <b>11.1</b>  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Cash<br>Line from Schedule A/B: 16.1  | \$100.00                             | •      | \$25.00   | 11 U.S.C. § 522(d)(5)              |
| ine from Scriedule AVB: 10.1  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking Acct #2731: BPPR<br>SS Deposit   | \$1,850.00                           | •      | \$1,850.00  | 11 U.S.C. § 522(d)(10)(A)          |
| ine from Schedule A/B: 17.1   |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Checking Acct # 9700: Oriental Bank in in in Schedule A/B: 17.2   | \$167.00                             |        | \$167.00  | 11 U.S.C. § 522(d)(5)              |
| ine nom <i>Schedule PVD</i> . 17.2  |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| 5 months @ \$660 of future rent due to debtor [June late to October 2018]   | \$3,300.00                           |        | \$3,300.00  | 11 U.S.C. § 522(d)(5)              |
| 8800 -\$60 HOA - \$80 Realtor to Adm B. Melendez Rent is used for payment of mortgage, although does not cover installment entirely & payment of HOA Line from Schedule A/B: 35.1 |                                      |        | 100% of fair market value, up to any applicable statutory limit |                                    |
| Are you claiming a homestead exemption of Subject to adjustment on 4/01/19 and every 3  ■ No □ Yes. Did you acquire the property covere □ No □ Yes                                | years after that for ca              | ases f | ,   | ,                                  |

| Fill in this informa                 | ation to identify you     | r case:   |  |                         |                             |
|--------------------------------------|---------------------------|---|--|-------------------------|-----------------------------|
| Debtor 1                             | JUAN ANTONIO              | MIRANDA SERRANO   |  |                         |                             |
|                                      | First Name                | Middle Name Last Name   |  | -                       |                             |
| Debtor 2                             |                           |   |  | -                       |                             |
| (Spouse if, filing)                  | First Name                | Middle Name Last Name   |  |                         |                             |
| United States Bank                   | kruptcy Court for the:    | DISTRICT OF PUERTO RICO   |  | -                       |                             |
| Case number                          |                           |   |  | _                       | if this is an<br>led filing |
| Official Form                        | 106D                      |   |  |                         |                             |
| -                                    |                           | Who Have Claims Secure  | d by Propert                             | У                       | 12/15                       |
|                                      |                           | two married people are filing together, both are equ<br>number the entries, and attach it to this form. On the  |  |                         |                             |
| 1. Do any creditors ha               | ave claims secured by     | your property?  |  |                         |                             |
| □ No. Check t                        | his box and submit th     | nis form to the court with your other schedules.  | You have nothing else                    | to report on this form. |                             |
| ■ Yes. Fill in a                     | all of the information I  | below.  |  |                         |                             |
| Part 1: List All                     | Secured Claims            |   |  |                         |                             |
|                                      |                           | are then are accurred plains liet the avaditor concretely   | Column A                                 | Column B                | Column C                    |
|                                      |                           | ore than one secured claim, list the creditor separately<br>articular claim, list the other creditors in Part 2. As much  |  | Value of collateral     | Unsecured                   |
| as possible, list the cla            | aims in alphabetical orde | er according to the creditor's name.  | Do not deduct the                        | that supports this      | portion                     |
| 2.1 First Bank                       |                           | Describe the property that secures the claim:   | value of collateral. <b>\$192,810.00</b> | claim<br>\$119,607.00   | If any <b>\$73,203.00</b>   |
| Creditor's Name                      |                           | Urb Jardin Central 23 Calle   |  |                         | <u> </u>                    |
| PO Box 84<br>Columbus,<br>31908-4031 | GA                        | Mercedita Humacao. Resd prop Humacao PR spouse & codebtor does not pay mortgage which is consequently in default since on or before 1/2017 owing approx \$17,088.74 as of 7/17/2018 As of the date you file, the claim is: Check all that apply.  |  |                         |                             |
| Number, Street, C                    | City, State & Zip Code    | Unliquidated  |  |                         |                             |
| Who owes the deb                     | t? Check one.             | ☐ Disputed  Nature of lien. Check all that apply.   |  |                         |                             |
| Debtor 1 only                        |                           | ■ An agreement you made (such as mortgage or see  | cured                                    |                         |                             |
| Debtor 2 only                        |                           | car loan)   | ourou                                    |                         |                             |
| Debtor 1 and Debt                    | tor 2 only                | Statutory lien (such as tax lien, mechanic's lien)  |  |                         |                             |
| At least one of the                  | debtors and another       | ☐ Judgment lien from a lawsuit  |  |                         |                             |
| Check if this clair community debt   |                           | Other (including a right to offset)  Mortgage   |  |                         |                             |
| Date debt was incur                  | red <u>06/13</u>          | Last 4 digits of account number 8169  |  |                         |                             |
| 2.2 <b>HOA Jardi</b> i               | n Central Inc             | Describe the property that secures the claim:   | \$4,222.25                               | \$119,607.00            | \$4,222.25                  |
| PO Box 96:<br>San Juan,              | 94<br>PR 00908-0694       | Urb Jardin Central E-8 Calle Mercedita Humacao, PR 00791 Humacao County Resd prop Humacao PR spouse & codebtor on mortgage who is not paing mortgage which is consequently in default since on or before 1/2017 owing approx \$16,047.32 as of As of the date you file, the claim is: Check all that apply.  □ Contingent |  | . 2222 22               | . ,                         |
| Number, Street, C                    | City, State & Zip Code    | ☐ Unliquidated ☐ Disputed   |  |                         |                             |

| 92.00 \$0.00      |
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Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one

| Dobtor 1 | HAAI | ANTONIO | SERRANO |
|----------|------|---------|---------|
|          |      |         |         |

Eirct Namo

Middle Name

Last Name

Case number (if know)

creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Fill in this info                   | rmation to identify your                                     | case:  |  |                            |                        |                     |
|-------------------------------------|--|--|--|----------------------------|------------------------|---------------------|
| Debtor 1                            | JUAN ANTONIO I   |  |  |                            |                        |                     |
|                                     | First Name   | Middle Name  | Last Name  |                            |                        |                     |
| Debtor 2<br>(Spouse if, filing)     | First Name   | Middle Name  | Last Name  |                            |                        |                     |
|                                     |  | DISTRICT OF PUE  |  |                            |                        |                     |
| Officed States B                    | Sankruptcy Court for the:                                    | DISTRICT OF FUE  | RIORICO  |                            |                        |                     |
| Case number                         |  |  |  |                            |                        |                     |
| (if known)                          |  |  |  |                            | _                      | if this is an       |
|                                     |  |  |  |                            | amend                  | ed filing           |
| Official For                        | m 106F/F   |  |  |                            |                        |                     |
|                                     | E/F: Creditors W   | ho Have Uns  | ecured Claims  |                            |                        | 12/15               |
|                                     |  |  | th PRIORITY claims and Part 2  | for creditors with NOND    | PIODITY claims. List   |                     |
| : Creditors Who                     | Have Claims Secured by Pro<br>Page to this page. If you have | pperty. If more space is                                 | rm 106G). Do not include any cr<br>s needed, copy the Part you nee<br>ort in a Part, do not file that Par                            | d, fill it out, number the | entries in the boxes   | on the left. Attach |
|                                     | ,<br>All of Your PRIORITY Un                                 | secured Claims   |  |                            |                        |                     |
|                                     | tors have priority unsecured                                 |  |  |                            |                        |                     |
| ☐ No. Go to                         | Part 2.  |  |  |                            |                        |                     |
| Yes                                 |  |  |  |                            |                        |                     |
| identify what t<br>possible, list t | type of claim it is. If a claim has                          | s both priority and nonpri<br>r according to the credito | nan one priority unsecured claim,<br>ority amounts, list that claim here<br>or's name. If you have more than t<br>editors in Part 3. | and show both priority and | d nonpriority amounts. | As much as          |
| (For an explai                      | nation of each type of claim, se                             | ee the instructions for thi                              | s form in the instruction booklet.)  |                            |                        |                     |
|                                     |  |  |  | Total claim                | Priority amount        | Nonpriority amount  |
| 2.1 <b>CRIM</b>                     |  | Last 4 dig   | its of account number  | Unknown                    | Unknown                | Unknown             |
| BANK                                | Creditor's Name CRUPTCY DIVISION DX 195387                   | When was   | s the debt incurred?   |                            | -                      |                     |
|                                     | uan, PR 00919  |  | data fila tha alaim ia Ohaal   |                            |                        |                     |
|                                     | Street City State Zlp Code ed the debt? Check one.           | _  | date you file, the claim is: Checl   | k all that apply           |                        |                     |
| Debtor 1                            |  | ☐ Conting  |  |                            |                        |                     |
| _                                   | •  | ☐ Unliqui  |  |                            |                        |                     |
| ☐ Debtor 2                          | Ť  | ☐ Dispute  |  |                            |                        |                     |
| _                                   | and Debtor 2 only  |  | RIORITY unsecured claim:   |                            |                        |                     |
| ☐ At least of                       | one of the debtors and another                               | □ Domes  | tic support obligations  |                            |                        |                     |
| Check if                            | f this claim is for a commun                                 |  | and certain other debts you owe t  | •                          |                        |                     |
| Is the claim                        | subject to offset?   | _  | for death or personal injury while   | you were intoxicated       |                        |                     |
| ■ No                                |  | ☐ Other.   | Specify  |                            |                        |                     |
|                                     |  |  | Noticing Purpose   |                            |                        |                     |

| Debtor 1                                | JUAN ANTONIO MIRANDA SERRA  | NO  | Case number (if know)                 |                          |                         |
|---|---|---|---------------------------------------|--------------------------|-------------------------|
| F                                       | ELA DEPT OF TREASURY Priority Creditor's Name Bankruptcy Div #424 B PO BOX 9024140  | Last 4 digits of account number  When was the debt incurred?  | Unknown                               | Unknown                  | Unknown                 |
|   | San Juan, PR 00902-0140  Number Street City State Zlp Code  | As of the date you file, the claim is:  | Check all that apply                  |                          |                         |
|   | incurred the debt? Check one.   | ☐ Contingent  | 11.7                                  |                          |                         |
| <b>■</b> [                              | Debtor 1 only   | ☐ Unliquidated  |                                       |                          |                         |
| П                                       | Debtor 2 only   | ☐ Disputed  |                                       |                          |                         |
|   | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:   |                                       |                          |                         |
|   | At least one of the debtors and another   | ☐ Domestic support obligations  |                                       |                          |                         |
|   |   | _   | ave the government                    |                          |                         |
|   | Check if this claim is for a community debt   | <ul><li>■ Taxes and certain other debts you</li><li>□ Claims for death or personal injury</li></ul> |                                       |                          |                         |
| is tr                                   | ne claim subject to offset?   | Other. Specify  | Willo you wore intextoated            |                          |                         |
| _ \<br>_ \                              |   | Noticing Pur  | poses                                 |                          |                         |
|   |   |   |                                       |                          |                         |
| 2.3                                     | IRS   | Last 4 digits of account number   | Unknown                               | Unknown                  | Unknown                 |
|   | Priority Creditor's Name PO BOX 7346  | When was the debt incurred?   |                                       |                          |                         |
| <u>-1</u>                               | Philadelphia, PA 19101-7346  Number Street City State Zlp Code  | As of the date you file, the claim is:  | Check all that apply                  |                          |                         |
|   | incurred the debt? Check one.   | ☐ Contingent  | 11.7                                  |                          |                         |
| ■ [                                     | Debtor 1 only   | ☐ Unliquidated  |                                       |                          |                         |
|   | Debtor 2 only   | ☐ Disputed  |                                       |                          |                         |
| _                                       | Debtor 1 and Debtor 2 only  | Type of PRIORITY unsecured claim:   |                                       |                          |                         |
| _                                       | At least one of the debtors and another   | ☐ Domestic support obligations  |                                       |                          |                         |
| _                                       |   | Taxes and certain other debts you   | owe the government                    |                          |                         |
|   | Check if this claim is for a community debt ne claim subject to offset?   | ☐ Claims for death or personal injury   | <del>-</del>                          |                          |                         |
| I 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |   | Other. Specify  |                                       |                          |                         |
|   | Yes   | Noticing Pur  | poses                                 |                          |                         |
| Dort Or                                 | List All of Vous NONDDIODITY Has some   | and Claiman   |                                       |                          |                         |
| Part 2:                                 | List All of Your NONPRIORITY Unsecu   |   |                                       |                          |                         |
|   | ny creditors have nonpriority unsecured claims  | -   |                                       |                          |                         |
| ∐ No                                    | o. You have nothing to report in this part. Submit th   | is form to the court with your other sche   | dules.                                |                          |                         |
| ■ Ye                                    | es.   |   |                                       |                          |                         |
| claim                                   | all of your nonpriority unsecured claims in the a<br>, list the creditor separately for each claim. For eac<br>or holds a particular claim, list the other creditors in | h claim listed, identify what type of claim   | it is. Do not list claims already inc | luded in Part 1. If more | e than one<br>f Part 2. |
| 4.1                                     | First Bank  | Last 4 digits of account number   | 8065                                  |                          | \$4,439.00              |
|   | Nonpriority Creditor's Name <b>Agency Collection Dept</b>   | When was the debt incurred?   | 05/06                                 |                          |                         |
| _                                       | PO BOX 9146<br>San Juan, PR 00908-0146  |   |                                       |                          |                         |
|   | Number Street City State Zlp Code  Who incurred the debt? Check one.  | As of the date you file, the claim i  | s: Check all that apply               |                          |                         |
|   | _   | ☐ Contingent  |                                       |                          |                         |
| _                                       | Debtor 1 only   | ☐ Unliquidated  |                                       |                          |                         |
|   | Debtor 2 only   | ☐ Disputed  |                                       |                          |                         |
| -                                       | ☐ Debtor 1 and Debtor 2 only  | Type of NONPRIORITY unsecured   | I claim:                              |                          |                         |
|   | At least one of the debtors and another   | ☐ Student loans   |                                       |                          |                         |
|   | ☐ Check if this claim is for a community debt s the claim subject to offset?  | Obligations arising out of a sepa report as priority claims   |                                       | ou did not               |                         |
|   | No  | Debts to pension or profit-sharin   | •                                     |                          |                         |
| I                                       | ☐ Yes   | Other. Specify Credit Card  | d                                     |                          |                         |

| Last 4 digits of account number  | Unknown   |
|--|---|
|  |   |
| When was the debt incurred?  |   |
| As of the date you file, the claim is: Check all that apply  |   |
|  |   |
| ☐ Contingent   |   |
| ☐ Unliquidated   |   |
| ☐ Disputed   |   |
| Type of NONPRIORITY unsecured claim:   |   |
| ☐ Student loans  |   |
| ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims  |   |
| ☐ Debts to pension or profit-sharing plans, and other similar debts  |   |
| Upon info & belief D's spouse [separated] purchased/financed a vehicle in U.S. but D ignores her address & where the unit was financed & fears may be held liable as a community debt. |   |
|  | □ Contingent □ Unliquidated □ Disputed  Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts  Upon info & belief D's spouse [separated] purchased/financed a vehicle in U.S. but D ignores her address & where the unit was |

## Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

|                          |     |   |     | Total Claim    |
|--------------------------|-----|---|-----|----------------|
|                          | 6a. | Domestic support obligations  | 6a. | \$<br>0.00     |
| Total claims from Part 1 | 6b. | Taxes and certain other debts you owe the government  | 6b. | \$<br>0.00     |
|                          | 6c. | Claims for death or personal injury while you were intoxicated  | 6c. | \$<br>0.00     |
|                          | 6d. | Other. Add all other priority unsecured claims. Write that amount here.                                 | 6d. | \$<br>0.00     |
|                          | 6e. | Total Priority. Add lines 6a through 6d.  | 6e. | \$<br>0.00     |
|                          |     |   |     | Total Claim    |
|                          | 6f. | Student loans   | 6f. | \$<br>0.00     |
| Total claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$<br>0.00     |
|                          | 6h. | Debts to pension or profit-sharing plans, and other similar debts                                       | 6h. | \$<br>0.00     |
|                          | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here.                              | 6i. | \$<br>4,439.00 |
|                          | 6j. | Total Nonpriority. Add lines 6f through 6i.   | 6j. | \$<br>4,439.00 |

| Fill in this infor  | rmation to identify your     | case:              |           |  |                       |
|---------------------|------------------------------|--------------------|-----------|--|-----------------------|
| Debtor 1            | JUAN ANTONIO MIRANDA SERRANO |                    |           |  |                       |
|                     | First Name                   | Middle Name        | Last Name |  |                       |
| Debtor 2            |                              |                    |           |  |                       |
| (Spouse if, filing) | First Name                   | Middle Name        | Last Name |  |                       |
| United States B     | ankruptcy Court for the:     | DISTRICT OF PUERTO | RICO      |  |                       |
| Case number         |                              |                    |           |  |                       |
| (if known)          |                              |                    |           |  | ☐ Check if this is an |
|                     |                              |                    |           |  | amended filing        |

# Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Blas Melendez
unknown

State what the contract or lease is for

Agreement for administration of rental property \$80
monthly from rent

| Fill in thi                | s information to identify your                                      | case:   |                        |   |
|----------------------------|---|---|------------------------|---|
| Debtor 1                   | ILIAN ANTONIO   | MIRANDA SERRANO   |                        |   |
| Dobtor .                   | First Name  | Middle Name   | Last Name              |   |
| Debtor 2<br>(Spouse if, fi | ling) First Name  | Middle Name   | Last Name              |   |
|                            | ates Bankruptcy Court for the:                                      | DISTRICT OF PUERTO R                                      | RICO                   |   |
| Cooo nun                   | ohor  |   |                        |   |
| Case nun                   | nber  |   |                        | ☐ Check if this is an amended filing  |
| Ott: ~: ~                  | ol Form 10011   |   |                        |   |
|                            | al Form 106H  | abtera  |                        |   |
| Sche                       | dule H: Your Cod  | eptors  |                        | 12/15   |
| people ar                  | e filing together, both are equ                                     | ally responsible for supply boxes on the left. Attach the | ing correct informa    | as complete and accurate as possible. If two married ation. If more space is needed, copy the Additional Pag to this page. On the top of any Additional Pages, write          |
| 1. Do                      | you have any codebtors? (If   | you are filing a joint case, do                           | not list either spouse | e as a codebtor.  |
| □ No                       | )   |   |                        |   |
| ■ Ye                       | es  |   |                        |   |
|                            | thin the last 8 years, have you<br>na, California, Idaho, Louisiana |   |                        | ory? (Community property states and territories include nington, and Wisconsin.)  |
| □ No                       | o. Go to line 3.  |   |                        |   |
| ■ Ye                       | es. Did your spouse, former spo                                     | use, or legal equivalent live v                           | vith you at the time?  |   |
|                            | □No   |   |                        |   |
|                            | ■ Yes.  |   |                        |   |
|                            | _ 100.  |   |                        |   |
|                            | In which community stat   | e or territory did you live?                              | -NONE-                 | . Fill in the name and current address of that person.  |
|                            |   |   |                        |   |
|                            | Name of your spouse, former sp<br>Number, Street, City, State & Zip |   |                        |   |
| in lin<br>Form             | e 2 again as a codebtor only  | if that person is a guaranto                              | r or cosigner. Make    | or if your spouse is filing with you. List the person sho<br>e sure you have listed the creditor on Schedule D (Offic<br>06G). Use Schedule D, Schedule E/F, or Schedule G to |
|                            | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z  | IP Code   |                        | Column 2: The creditor to whom you owe the deb Check all schedules that apply:  |
| 3.1                        | Geovanna Serrano Santia   | ıgo   |                        | ☐ Schedule D, line  |
|                            | 23 Calle Mercedita<br>Humacao, PR 00791                             |   |                        | ☐ Schedule E/F, line<br>☐ Schedule G  |
|                            | Separated spouse may in<br>in U.S. is unknown to deb                |   | current address        | First Bank  |
| 3.2                        | Geovanna Serrano Santia   | ngo   |                        | ■ Schedule D, line  |
|                            | 23 Calle Mercedita<br>Humacao, PR 00791                             |   |                        | ☐ Schedule E/F, line  |
|                            |   |   |                        | ☐ Schedule G  |

Schedule H: Your Codebtors

|     | Additional Page to List More Codebtors  |  |  |  |  |  |
|-----|---|--|--|--|--|--|
|     | Column 1: Your codebtor   | Column 2: The creditor to whom you owe the debt Check all schedules that apply:                                      |  |  |  |  |
| 3.3 | Geovanna Serrano Santiago 23 Calle Mercedita Humacao, PR 00791 Spouse has refused to give D her current address stateside  Geovanna Serrano Santiago 23 Calle Mercedita | □ Schedule D, line ■ Schedule E/F, line4.2 □ Schedule G Unknown Creditor re purchase by spouse ■ Schedule D, line2.1 |  |  |  |  |
|     | Humacao, PR 00791   | ☐ Schedule E/F, line<br>☐ Schedule G<br>First Bank   |  |  |  |  |

Schedule H: Your Codebtors

| Fill       | in this information to identify your c   | ase:   |  |                  |                          |                                      |                           |                            |                   |
|------------|--|--|--|------------------|--------------------------|--------------------------------------|---------------------------|----------------------------|-------------------|
|            |  | NIO MIRANDA SERR                                     | PANO   |                  |                          |                                      |                           |                            |                   |
|            | otor 2   |  |  |                  | _                        |                                      |                           |                            |                   |
| Uni        | ted States Bankruptcy Court for the  | : DISTRICT OF PUER                                   | TO RICO  |                  | _                        |                                      |                           |                            |                   |
|            | se number<br>nown)   |  | -  |                  |                          | eck if this is: An amende A suppleme | nt showing                |                            |                   |
| O.         | fficial Form 106l  |  |  |                  |                          |                                      |                           | lowing date:               |                   |
|            | chedule I: Your Inc  | ome  |  |                  |                          | MM / DD/ Y                           | YYY                       |                            | 12/15             |
| sup<br>spo | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not fili<br>r spouse is not filing w | ng jointly, and your s<br>ith you, do not includ | pouse<br>e infor | is living w<br>mation ab | ith you, incl<br>out your spe        | ude inform<br>ouse. If mo | nation abou<br>re space is | t your<br>needed, |
| 1.         | Fill in your employment information.   |  | Debtor 1   |                  |                          | Debtor 2                             | or non-fili               | ng spouse                  |                   |
|            | If you have more than one job,   | Employment status                                    | ■ Employed                                       |                  |                          | ☐ Employed                           |                           |                            |                   |
|            | attach a separate page with information about additional   | Employment status                                    | ☐ Not employed                                   |                  |                          | ☐ Not employed                       |                           |                            |                   |
|            | employers.   | Occupation   | SS Benefits                                      |                  |                          |                                      |                           |                            |                   |
|            | Include part-time, seasonal, or self-employed work.  | Employer's name                                      |  |                  |                          |                                      |                           |                            |                   |
|            | Occupation may include student or homemaker, if it applies.  | Employer's address                                   |  |                  |                          |                                      |                           |                            |                   |
|            |  | How long employed to                                 | here?  |                  |                          |                                      |                           |                            |                   |
| Par        | Give Details About Mor   | nthly Income   |  |                  |                          |                                      |                           |                            |                   |
|            | mate monthly income as of the duse unless you are separated.   | ate you file this form. If                           | you have nothing to re                           | port for         | any line, w              | rite \$0 in the                      | space. Inc                | lude your no               | on-filing         |
|            | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |  | ombine the information                           | for all          | employers                | for that perso                       | on on the lir             | nes below. If              | you need          |
|            |  |  |  |                  | For D                    | ebtor 1                              | For Debt                  | tor 2 or<br>g spouse       |                   |
| 2.         | List monthly gross wages, sala deductions). If not paid monthly,   |  |  | 2.               | \$                       | 0.00                                 | \$                        | N/A                        |                   |
| 3.         | Estimate and list monthly overt  | ime pay.   |  | 3.               | +\$                      | 0.00                                 | +\$                       | N/A                        |                   |
| 4.         | Calculate gross Income. Add lin  | ne 2 + line 3.                                       |  | 4.               | \$                       | 0.00                                 | \$                        | N/A                        |                   |

|     |               |   |          | For  | Debtor 1      |       | r Debtor<br>n-filing s |                 |                  |
|-----|---------------|---|----------|------|---------------|-------|------------------------|-----------------|------------------|
|     | Сору          | line 4 here   | 4.       | \$   | 0.00          | \$    |                        | N/A             | _                |
| 5.  | List a        | all payroll deductions:   |          |      |               |       |                        |                 |                  |
|     | 5a.           | Tax, Medicare, and Social Security deductions   | 5a.      | \$   | 0.00          | \$    |                        | N/A             |                  |
|     | 5b.           | Mandatory contributions for retirement plans  | 5b.      | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 5c.           | Voluntary contributions for retirement plans  | 5c.      | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 5d.           | Required repayments of retirement fund loans  | 5d.      | \$   | 0.00          | \$    |                        | N/A             | -                |
|     | 5e.           | Insurance   | 5e.      | \$   | 134.00        | \$    |                        | N/A             | _                |
|     | 5f.           | Domestic support obligations  | 5f.      | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 5g.           | Union dues  | 5g.      | \$   | 0.00          | \$_   |                        | N/A             | _                |
|     | 5h.           | Other deductions. Specify:  | _ 5h.+   | \$   | 0.00          | + \$_ |                        | N/A             | _                |
| 6.  | Add t         | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.       | \$   | 134.00        | \$_   |                        | N/A             | _                |
| 7.  | Calc          | ulate total monthly take-home pay. Subtract line 6 from line 4.   | 7.       | \$   | -134.00       | \$_   |                        | N/A             | _                |
| 8.  | List a<br>8a. | All other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a.      | \$   | 0.00          | \$    |                        | N/A             |                  |
|     | 8b.           | Interest and dividends  | 8b.      | \$-  | 0.00          | \$_   |                        | N/A             |                  |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |          | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 8d.           | Unemployment compensation   | 8d.      | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 8e.           | Social Security   | 8e.      | \$   | 1,932.00      | \$    |                        | N/A             | _                |
|     | 8f.           | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:         | e<br>8f. | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 8g.           | Pension or retirement income  | 8g.      | \$   | 0.00          | \$    |                        | N/A             | _                |
|     | 8h.           | Other monthly income. Specify: SS Mother [bedridden]  | _ 8h.+   | \$   | 300.00        | ٠\$_  |                        | N/A             |                  |
|     |               | Income Rental until Oct   | _        | \$   | 660.00        | \$_   |                        | N/A             | _                |
| 9.  | Add           | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.       | \$   | 2,892.00      | \$_   |                        | N/A             | 4                |
| 10. | Calcı         | ulate monthly income. Add line 7 + line 9.  | 10. \$   |      | 2,758.00 + \$ |       | N/A                    | = \$            | 2,758.00         |
|     |               | he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   |          |      | -             |       |                        |                 | 2,700.00         |
| 11. |               |   |          |      |               |       |                        |                 |                  |
| 12. |               | the amount in the last column of line 10 to the amount in line 11. The rest that amount on the Summary of Schedules and Statistical Summary of Certages   |          |      |               |       |                        | \$              | 2,758.00         |
| 12  | Do v          | ou expect an increase or decrease within the year after you file this form  | 2        |      |               |       |                        | Combi<br>monthl | ned<br>ly income |
| ٠٠. | <b>■</b>      | No.   | •        | 0.11 |               |       |                        |                 |                  |

Yes. Explain:

Uncertain. Rental income is provisional until October & it is the intention of debtor to move back to his home which he is not living b/c he is caring for his elderly mother of 88 yrs that must be supervised; SS benefits for mother is provisional & while debtor is able to care for her & another son is soon to be able to substitute debtor in her care so that debtor can return to his home. Debtor sometimes helps friends to move or do some handy work but not able to sustain any extended time helpingdue to his physical condition as such, but does receive from time to time some offering for his help.

| Fill      | in this information to identify  | your case:  |   |             |                    |                               |
|-----------|--|---|---|-------------|--------------------|-------------------------------|
| Deb       | otor 1 JUAN ANT  | ONIO MIRANDA SERRANO  |   | Check       | c if this is:      |                               |
| Deb       | otor 2   |   |   | _           | An amended filing  | ving postpetition chapter     |
|           | ouse, if filing)   |   |   |             |                    | the following date:           |
| Unit      | ted States Bankruptcy Court for the  | e: DISTRICT OF PUERTO RICO  |   |             | MM / DD / YYYY     |                               |
| Cas       | se number  |   |   |             |                    |                               |
| (If k     | nown)  |   |   |             |                    |                               |
| _         |  |   |   |             |                    |                               |
|           | fficial Form 106J  | _   |   |             |                    |                               |
|           | chedule J: Your  | Expenses as possible. If two married people is                              | ara filing tagathar bath                      | h ara agus  | ally roononoible f | 12/15                         |
| info      |  | needed, attach another sheet to thi   |   |             |                    |                               |
| Par<br>1. | t 1: Describe Your Hous Is this a joint case?                                    | sehold  |   |             |                    |                               |
|           | No. Go to line 2.  |   |   |             |                    |                               |
|           | ☐ Yes. Does Debtor 2 live  | e in a separate household?  |   |             |                    |                               |
|           | ☐ No<br>☐ Yes. Debtor 2 m  | ust file Official Form 106J-2, <i>Expens</i> i                              | es for Separate Househo                       | old of Debt | or 2.              |                               |
| 2.        | Do you have dependents?  | ? 🗆 No  |   |             |                    |                               |
|           | Do not list Debtor 1 and Debtor 2.   | Yes. Fill out this information for each dependent                           | Dependent's relations<br>Debtor 1 or Debtor 2 | ship to     | Dependent's age    | Does dependent live with you? |
|           | Do not state the   |   |   |             |                    | □ No                          |
|           | dependents names.  |   | Mother  |             | 80                 | Yes                           |
|           |  |   |   |             |                    | □ No<br>□ Yes                 |
|           |  |   | -   |             |                    | □ No                          |
|           |  |   |   |             |                    | ☐ Yes                         |
|           |  |   |   |             |                    | ☐ No                          |
| •         |  |   |   |             |                    | ☐ Yes                         |
| 3.        | Do your expenses include<br>expenses of people other<br>yourself and your depend | than $\square$  |   |             |                    |                               |
| Par       | t 2: Estimate Your Ongo  | oing Monthly Expenses   |   |             |                    |                               |
| exp       |  | your bankruptcy filing date unless<br>bankruptcy is filed. If this is a sup |   |             |                    |                               |
| Inc       | lude expenses paid for with  | n non-cash government assistance  | if you know                                   |             |                    |                               |
|           | value of such assistance a<br>ficial Form 106l.)                                 | nd have included it on Schedule I:  | Your Income                                   |             | Your exp           | enses                         |
| 4.        | The rental or home owner payments and any rent for t                             | rship expenses for your residence.  | Include first mortgage                        | 4. \$       |                    | 1,119.00                      |
|           | If not included in line 4:   | -   |   |             | _                  |                               |
|           | 4a. Real estate taxes  |   |   | 4a. \$      |                    | 0.00                          |
|           |  | r's, or renter's insurance  |   | 4a. \$      |                    | <u>0.00</u><br>0.00           |
|           |  | repair, and upkeep expenses   |   | 4c. \$      |                    | 100.00                        |
|           | 4d. Homeowner's associ   | ation or condominium dues   |   | 4d. \$      |                    | 0.00                          |
| 5.        | Additional mortgage payn   | nents for your residence, such as h   | ome equity loans                              | 5. \$       |                    | 0.00                          |

| Deb | otor 1 JUAN ANTONIO MIRANDA SERRANO  | Case num | ber (if known) |                              |
|-----|--|----------|----------------|------------------------------|
| 6.  | Utilities:   |          |                |                              |
|     | 6a. Electricity, heat, natural gas   | 6a.      | \$             | 120.00                       |
|     | 6b. Water, sewer, garbage collection   | 6b.      | \$             | 30.00                        |
|     | 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c.      | \$             | 50.00                        |
|     | 6d. Other. Specify:  | 6d.      |                | 0.00                         |
| 7.  | Food and housekeeping supplies   | 7.       |                | 710.00                       |
| 8.  | Childcare and children's education costs   | 8.       | \$             | 0.00                         |
| 9.  | Clothing, laundry, and dry cleaning  | 9.       | *              | 142.00                       |
|     | Personal care products and services  | 10.      | · <u> </u>     | 69.00                        |
| 11. |  | 11.      | ·              | 166.00                       |
|     | <b>Transportation.</b> Include gas, maintenance, bus or train fare.  |          | Ψ              | 100.00                       |
| 12. | Do not include car payments.   | 12.      | \$             | 250.00                       |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books   | 13.      | \$             | 75.00                        |
|     | Charitable contributions and religious donations   | 14.      | · <u> </u>     | 170.00                       |
|     | Insurance.   |          |                | 170.00                       |
|     | Do not include insurance deducted from your pay or included in lines 4 or 20.  |          |                |                              |
|     | 15a. Life insurance  | 15a.     | \$             | 0.00                         |
|     | 15b. Health insurance  | 15b.     | \$             | 0.00                         |
|     | 15c. Vehicle insurance   | 15c.     |                | 58.33                        |
|     | 15d. Other insurance. Specify:   | 15d.     |                | 0.00                         |
| 16  | <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.  |          | ·              | 0.00                         |
|     | Specify:   | 16.      | \$             | 0.00                         |
| 17. | Installment or lease payments:   |          |                |                              |
|     | 17a. Car payments for Vehicle 1  | 17a.     | \$             | 483.00                       |
|     | 17b. Car payments for Vehicle 2  | 17b.     | \$             | 0.00                         |
|     | 17c. Other. Specify:   | 17c.     | \$             | 0.00                         |
|     | 17d. Other. Specify:   | 17d.     | \$             | 0.00                         |
| 18. | Your payments of alimony, maintenance, and support that you did not report a   | s        |                |                              |
|     | deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I)   |          | \$             | 0.00                         |
| 19. | Other payments you make to support others who do not live with you.  |          | \$             | 0.00                         |
|     | Specify:   | 19.      |                |                              |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Sch   |          |                |                              |
|     | 20a. Mortgages on other property   | 20a.     | \$             | 0.00                         |
|     | 20b. Real estate taxes   | 20b.     | \$             | 0.00                         |
|     | 20c. Property, homeowner's, or renter's insurance  | 20c.     | \$             | 0.00                         |
|     | 20d. Maintenance, repair, and upkeep expenses  | 20d.     | \$             | 0.00                         |
|     | 20e. Homeowner's association or condominium dues   | 20e.     | \$             | 0.00                         |
| 21. | Other: Specify: Misc / Emerg Fund  | 21.      | +\$            | 281.00                       |
|     |  |          |                |                              |
| 22. | Calculate your monthly expenses  |          |                |                              |
|     | 22a. Add lines 4 through 21.   |          | \$             | 3,823.33                     |
|     | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$             |                              |
|     | 22c. Add line 22a and 22b. The result is your monthly expenses.  |          | \$             | 3,823.33                     |
| 00  | Onlandate community by a strong and the same   |          |                |                              |
| 23. | Calculate your monthly net income.   | 00-      | ф              | 0.750.00                     |
|     | 23a. Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | ·. ———         | 2,758.00                     |
|     | 23b. Copy your monthly expenses from line 22c above.   | 23b.     | -\$            | 3,823.33                     |
|     | Continued was a settle of the set |          |                |                              |
|     | 23c. Subtract your monthly expenses from your monthly income.  The result is your <i>monthly net income</i> .  | 23c.     | \$             | -1,065.33                    |
|     | The result is your <i>monthly het income</i> .   |          |                | ,                            |
| 24. | Do you expect an increase or decrease in your expenses within the year after y For example, do you expect to finish paying for your car loan within the year or do you expect your modification to the terms of your mortgage?  No.  |          |                | e or decrease because of a   |
|     | ☐ Yes. Explain here: <b>Debtor plans to move &amp; return to him home</b>  | when an  | other relative | e can continue with the care |
|     | of his 80 year old mother. Debtor may have more exper  |          |                |                              |

| Fill in th  | his information to identify your  | r case:                     |                              |   |                    |
|-------------|---|-----------------------------|------------------------------|---|--------------------|
|             |   |                             |                              |   |                    |
| Debtor '    | 1 JUAN AN I ONIO First Name   | MIRANDA SERRANO Middle Name | Last Name                    |   |                    |
| Debtor 2    |   |                             |                              |   |                    |
| (Spouse if, | , filing) First Name  | Middle Name                 | Last Name                    |   |                    |
| United S    | States Bankruptcy Court for the:  | DISTRICT OF PUERTO          | RICO                         |   |                    |
| Case nu     | umber   |                             |                              |   |                    |
| (if known)  |   |                             |                              | □ CI  | neck if this is an |
|             |   |                             |                              | ar  | nended filing      |
|             | al Form 106Dec<br>laration About a  | an Individual               | Debtor's Sch                 | nedules   | 12/15              |
| obtainin    |   | in connection with a ban    |                              | Making a false statement, conc<br>fines up to \$250,000, or imprise |                    |
| Dic         | d you pay or agree to pay some  | eone who is NOT an atto     | rney to help you fill out ba | ankruptcy forms?  |                    |
|             |   |                             |                              |   |                    |
| •           | No  |                             |                              |   |                    |
| ■           | No Yes. Name of person  |                             |                              | Attach Bankruptcy Petitio   |                    |
| ■□          |   |                             |                              | Attach Bankruptcy Petitic Declaration, and Signatu                  |                    |
| Unc         |   | e that I have read the sum  | nmary and schedules filed    | Declaration, and Signatu  |                    |
| Und<br>that | Yes. Name of persondering the persondering the person                           |                             | nmary and schedules filed    | Declaration, and Signatu  |                    |
| Und<br>that | Yes. Name of personder penalty of perjury, I declare they are true and correct. | IDA SERRANO                 |                              | Declaration, and Signatu  |                    |

| Fil               | l in this inforn                                   | nation to identify you   | r case:  |  |  |   |  |  |  |
|-------------------|--|--|--|--|--|---|--|--|--|
|                   | btor 1   |  | MIRANDA SERRANO  |  |  |   |  |  |  |
|                   |  | First Name   | Middle Name  | Last Name  |  |   |  |  |  |
| 1                 | btor 2<br>ouse if, filing)                         | First Name   | Middle Name  | Last Name  |  |   |  |  |  |
| Un                | ited States Bar                                    | nkruptcy Court for the:  | DISTRICT OF PUERTO   | RICO   |  |   |  |  |  |
|                   | se number  |  |  |  |  | Check if this is an amended filing                    |  |  |  |
|                   | fficial For  |  | Affairs for Individ  | luals Filing for B   | ankruptcv                                  | 4/1   |  |  |  |
| Be<br>info<br>nur | as complete a<br>ormation. If m<br>mber (if known  | nd accurate as possi<br>ore space is needed,<br>n). Answer every ques                        | ble. If two married people<br>attach a separate sheet to<br>stion. | are filing together, both are<br>this form. On the top of ar                                     | e equally responsible for s                |   |  |  |  |
| 1.                |  | etails About Your Ma<br>current marital statu  | rital Status and Where You   | u Lived Before   |  |   |  |  |  |
|                   | _  | Current maritar statu  | is :   |  |  |   |  |  |  |
|                   | <ul><li>■ Married</li><li>□ Not mar</li></ul>      | ried   |  |  |  |   |  |  |  |
| 2.                | During the la                                      | ring the last 3 years, have you lived anywhere other than where you live now?                |  |  |  |   |  |  |  |
|                   | □ No   |  |  |  |  |   |  |  |  |
|                   | Yes. Lis   | es. List all of the places you lived in the last 3 years. Do not include where you live now. |  |  |  |   |  |  |  |
|                   | Debtor 1 Pri                                       | ior Address:   | Dates Debtor 1 lived there   | Debtor 2 Prior Ad  | ddress:                                    | Dates Debtor 2<br>lived there                         |  |  |  |
|                   | Jardin Cer<br>E-8 Calle I<br>Humacao,              | Mercedita  | From-To:<br><b>2013-2016</b>                                       | ☐ Same as Debtor   | 1  | ☐ Same as Debtor 1<br>From-To:                        |  |  |  |
| 3.<br>star        | tes and territori                                  | es include Arizona, Ca   |  | gal equivalent in a commu<br>evada, New Mexico, Puerto F<br>official Form 106H).                 |  |   |  |  |  |
| Pa                | rt 2 Explai  | n the Sources of You   | r Income   |  |  |   |  |  |  |
| 4.                | Did you have Fill in the tota If you are filin  No | e any income from en<br>al amount of income yo   | nployment or from operating u received from all jobs and           | ng a business during this y<br>all businesses, including par<br>re together, list it only once u | t-time activities.                         | alendar years?  |  |  |  |
|                   |  | -  | Debtor 1   |  | Debtor 2                                   |   |  |  |  |
|                   |  |  | Sources of income<br>Check all that apply.                         | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |  |

|   |  |   | Debtor 1   |  | Debtor 2                                   |   |  |  |
|---|--|---|--|--|--|---|--|--|
|   |  |   | Sources of income<br>Check all that apply.                     | Gross income<br>(before deductions and<br>exclusions)          | Sources of income<br>Check all that apply. | Gross income (before deductions and exclusions) |  |  |
|   | From January 1 of current year until the date you filed for bankruptcy:  |   | ■ Wages, commissions, bonuses, tips                            | \$500.00   | ☐ Wages, commissions, bonuses, tips        |   |  |  |
|   |  |   | ☐ Operating a business   |  | ☐ Operating a business                     |   |  |  |
| For last calendar year:<br>(January 1 to December 31, 2017)             |  | ■ Wages, commissions, bonuses, tips   | Unknown  | ☐ Wages, commissions, bonuses, tips                            |  |   |  |  |
|   |  |   | ☐ Operating a business   |  | ☐ Operating a business                     |   |  |  |
| For the calendar year before that: (January 1 to December 31, 2016)     |  | ■ Wages, commissions, bonuses, tips   | Unknown  | ☐ Wages, commissions, bonuses, tips                            |  |   |  |  |
|   |  |   | ☐ Operating a business   |  | ☐ Operating a business                     |   |  |  |
| List each s   | -  | e gross inco  |  | ou have income that you rece                                   |  | e under Debtor 1.                               |  |  |
|   |  |   | Dahtan 4   |  | Dahtar 2                                   |   |  |  |
|   |  |   | Debtor 1<br>Sources of income                                  | Gross income from  | Debtor 2<br>Sources of income              | Gross income                                    |  |  |
|   |  |   | Describe below.  | each source<br>(before deductions and<br>exclusions)           | Describe below.                            | (before deductions and exclusions)              |  |  |
| From January 1 of current year until the date you filed for bankruptcy: |  | Social Security<br>Benefits   | \$11,592.00  |  |  |   |  |  |
| For last calendar year:<br>(January 1 to December 31, 2017)             |  | Social Security<br>Benefits   | \$22,728.00  |  |  |   |  |  |
| For the calendar year before that:<br>(January 1 to December 31, 2016)  |  | Social Security<br>Benefits   | \$22,728.00  |  |  |   |  |  |
| Part 3: List  | Certain Pav  | ments You   | Made Before You Filed for                                      | Bankruptcv   |  |   |  |  |
|   |  |   |  | , ,  |  |   |  |  |
| 6. Are either ☐ No.   | Are either Debtor 1's or Debtor 2's debts primarily consumer debts?  ☐ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." |   |  |  |  |   |  |  |
|   | During the O   | During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? |  |  |  |   |  |  |
|   | □ No.  | Go to line 7  |  |  |  |   |  |  |
|   |  | paid that cre   | editor. Do not include payme                                   | id a total of \$6,425* or more ints for domestic support oblig |  |   |  |  |
|   |  |   | payments to an attorney for t<br>t on 4/01/19 and every 3 year | his bankruptcy case.<br>rs after that for cases filed on       | or after the date of adjustme              | nt.   |  |  |

Case title Nature of the case Court or agency Status of the case Case number Firstbank PR Foreclosure of ELA Tribunal de Primera Pending Mortgage Instancia □ On appeal Juan Antonio Miranda Serrano Sala de Humacao □ Concluded HSCI 2017-0058 Humacao, PR

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Date

Value of the property

Explain what happened

| 11. | Within 90 days before you filed for ban accounts or refuse to make a payment  | kruptcy, did any creditor, including a bank or financial because you owed a debt?                                      | institution, set off any | amounts from your      |  |  |  |
|-----|---|--|--------------------------|------------------------|--|--|--|
|     | ■ No  |  |                          |                        |  |  |  |
|     | ☐ Yes. Fill in the details.   |  |                          |                        |  |  |  |
|     | Creditor Name and Address   | Describe the action the creditor took  | Date action was taken    | Amount                 |  |  |  |
| 2.  | Within 1 year before you filed for banks court-appointed receiver, a custodian,   | ruptcy, was any of your property in the possession of a or another official?   | n assignee for the ben   | efit of creditors, a   |  |  |  |
|     | ■ No  |  |                          |                        |  |  |  |
|     | ☐ Yes   |  |                          |                        |  |  |  |
| Par | rt 5: List Certain Gifts and Contribution   | ons  |                          |                        |  |  |  |
| 13. | Within 2 years before you filed for bank ■ No   | rruptcy, did you give any gifts with a total value of more   | e than \$600 per person  | ?                      |  |  |  |
|     | ☐ Yes. Fill in the details for each gift.   |  |                          |                        |  |  |  |
|     | Gifts with a total value of more than \$6 per person  | Describe the gifts   | Dates you gave the gifts | Value                  |  |  |  |
|     | Person to Whom You Gave the Gift an Address:  | Person to Whom You Gave the Gift and<br>Address:   |                          |                        |  |  |  |
| 4.  | Within 2 years before you filed for banl ☐ No   | cruptcy, did you give any gifts or contributions with a to   | otal value of more than  | \$600 to any charity?  |  |  |  |
|     | Yes. Fill in the details for each gift or   | contribution.  |                          |                        |  |  |  |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | ŕ  | Dates you contributed    | Value                  |  |  |  |
|     | Church  | Tithes to my Church  | 2018                     | \$1,020.00             |  |  |  |
|     | Church  | Tithes to my Church  | 2017                     | \$2,040.00             |  |  |  |
|     | Church  | Tithes to my Church  | 2016                     | \$2,040.00             |  |  |  |
|     |   |  |                          |                        |  |  |  |
| Par | tt 6: List Certain Losses   |  |                          |                        |  |  |  |
| 15. | Within 1 year before you filed for banks disaster, or gambling?   | ruptcy or since you filed for bankruptcy, did you lose a   | nything because of the   | ft, fire, other        |  |  |  |
|     | ■ No  |  |                          |                        |  |  |  |
|     | Yes. Fill in the details.   |  |                          |                        |  |  |  |
|     | Describe the property you lost and how the loss occurred  | Describe any insurance coverage for the loss   | Date of your loss        | Value of property lost |  |  |  |
|     |   | Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property.</i> |                          | .330                   |  |  |  |
|     |   |  |                          |                        |  |  |  |

| Pa  | rt 7: List Certain Payments or Transfers  |  |                        |   |                      |
|-----|---|--|------------------------|---|----------------------|
| 16. | Within 1 year before you filed for bankruptcy, of consulted about seeking bankruptcy or prepare Include any attorneys, bankruptcy petition prepare  | ring a bankruptcy petition?  |                        |   |                      |
|     | □ No  |  |                        |   |                      |
|     | Yes. Fill in the details.   |  |                        |   |                      |
|     | — 100.1 iii iii tile detailo.   | Barada da a a da abara da asara a  |                        | D-1                                     | A                    |
|     | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  | Description and value of any propertransferred                                       | perty                  | Date payment<br>or transfer was<br>made | Amount of payment    |
|     | L.A. MORALES & ASSOCIATES P.S.C.<br>URB VILLA BLANCA<br>76 AQUAMARINA<br>Caguas, PR 00725-1908<br>lamoraleslawoffice@gmail.com<br>Rebecca Miranda   | Attorney Fees \$2,000 + expended costs   | ses &                  | 5/1/2018                                | \$2,000.00           |
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you like   | or to make payments to your credito  | ır behalf pay o        | or transfer any propo                   | erty to anyone who   |
|     | No  |  |                        |   |                      |
|     | ☐ Yes. Fill in the details.   |  |                        |   |                      |
|     | Person Who Was Paid<br>Address  | Description and value of any propertransferred                                       | perty                  | Date payment<br>or transfer was<br>made | Amount of payment    |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busi Include both outright transfers and transfers made include gifts and transfers that you have already links of the No  Yes. Fill in the details. | iness or financial affairs? e as security (such as the granting of a                 |                        |   |                      |
|     | Person Who Received Transfer  | Description and value of   | Describe               | any property or                         | Date transfer was    |
|     | Address   | property transferred   | payments paid in ex    | received or debts                       | made                 |
|     | Person's relationship to you  |  |                        |   |                      |
|     | Samuel Miranda Serrano<br>Bo Sabana<br>Sector Melendez SR 921<br>Las Piedras<br>Brother   | when sp<br>Giovann<br>Santiago   |                        | ssion by TMC                            | 6/2017               |
|     | Rebecca Miranda   | Vacuum Cleaner Rainbow   | \$321                  |   | 04/2016              |
|     | Bo. Sabana<br>Sector Melendez SR 921<br>Las Piedras   | purchased in D's name for<br>his credit but equitable<br>interest is her's since she | Paid to F<br>Inc by si | Preferred Credit<br>siter               |                      |
|     | Sister  | paid fully for the collateral.   |                        |   |                      |
| 19. | Within 10 years before you filed for bankrupto: beneficiary? (These are often called asset-protection No  |  | self-settled tr        | ust or similar device                   | e of which you are a |
|     | ☐ Yes. Fill in the details.   |  |                        |   |                      |
|     | Name of trust   | Description and value of the prop  | erty transferr         | red                                     | Date Transfer was    |

#### Part 9: Identify Property You Hold or Control for Someone Else

- 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.
  - No
  - ☐ Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code) Where is the property? (Number, Street, City, State and ZIP Code) Describe the property

Value

#### Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

| 24.   | Has      | any governmental unit notified you tha   | t you may be liable or potentially liable   | unde   | er or in violation of an environn                      | nental law?        |  |
|---|----------|--|---|--------|--|--------------------|--|
|   |          | No<br>Yes. Fill in the details.  |   |        |  |                    |  |
|   |          | me of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)  |        | Environmental law, if you know it                      | Date of notice     |  |
| 25.   | Hav      | e you notified any governmental unit of  | any release of hazardous material?  |        |  |                    |  |
|   |          | Yes. Fill in the details.  |   |        |  |                    |  |
|   |          | ne of site<br>dress (Number, Street, City, State and ZIP Code)   | Governmental unit Address (Number, Street, City, State and ZIP Code)  |        | Environmental law, if you know it                      | Date of notice     |  |
| 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. |          |  |   |        |  |                    |  |
|   |          | No<br>Yes. Fill in the details.  |   |        |  |                    |  |
|   |          | se Title<br>se Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)   | Natu   | re of the case   | Status of the case |  |
| Par   | t 11:    | Give Details About Your Business or  | Connections to Any Business   |        |  |                    |  |
| 27.   | <b>□</b> | nin 4 years before you filed for bankrups  A sole proprietor or self-employed i  A member of a limited liability comp  A partner in a partnership  An officer, director, or managing ex  An owner of at least 5% of the votin  No. None of the above applies. Go to be selected as the selected and fill siness Name | n a trade, profession, or other activity, pany (LLC) or limited liability partnersh ecutive of a corporation g or equity securities of a corporation Part 12.                             | eithe  | er full-time or part-time                              |                    |  |
|   | Add      | dress<br>nber, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper  |        | Do not include Social Security  Dates business existed |                    |  |
|   | Pa       | rt time very sporadice income  | Sometimes debtor helps a neighbor or a friend & is given some compensation or if he lends his light truck to someone for moving. Unable to sustain any substantial work b/c of disability |        | EIN: From-To   |                    |  |
| 28.   |          | nin 2 years before you filed for bankrupt<br>itutions, creditors, or other parties.  | tcy, did you give a financial statement t   | to any | yone about your business? Incl                         | ude all financial  |  |
|   |          | No<br>Yes. Fill in the details below.  |   |        |  |                    |  |
|   |          | me<br>dress<br>nber, Street, City, State and ZIP Code)   | Date Issued   |        |  |                    |  |

| Part 12: Sign Below                                  |   |
|--|---|
| are true and correct. I understand that making a fal | cial Affairs and any attachments, and I declare under penalty of perjury that the answers se statement, concealing property, or obtaining money or property by fraud in connection 50,000, or imprisonment for up to 20 years, or both. |
| /s/ JUAN ANTONIO MIRANDA SERRANO                     |   |
| JUAN ANTONIO MIRANDA SERRANO Signature of Debtor 1   | Signature of Debtor 2   |
| Date   | Date  |
| Did you attach additional pages to Your Statement    | of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?   |
| No   |   |
| ☐ Yes  |   |
|  |   |

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Case number (if known)

Debtor 1 JUAN ANTONIO MIRANDA SERRANO

| Fill in this inform                  | nation to identify your   | case:   |                |   |                     |   |
|--------------------------------------|---|---|----------------|---|---------------------|---|
| Debtor 1                             | JUAN ANTONIO I  | MIRANDA SERRA   | NO.            |   |                     |   |
|                                      | First Name  | Middle Name   |                | Last Name                                     |                     |   |
| Debtor 2<br>(Spouse if, filing)      | First Name  | Middle Name   |                | Last Name                                     |                     |   |
|                                      | nkruptcy Court for the:   | DISTRICT OF PU  | ERTO RICO      |   |                     |   |
| Office Grates Bai                    | intupley Court for the.   | DIGITATO TO   | 2111011100     |   |                     |   |
| Case number                          |   |   |                |   |                     | ☐ Check if this is an amended filing                          |
| Official Fo<br><b>Statemer</b>       | rm 108<br>at of Intentio  | n for Indiv   | riduals        | Filing Unde                                   | r Chapter           | 7 12/15   |
|                                      | vidual filing under cha   | -   | I out this for | m if:   |                     |   |
| you have lease<br>You must file this | ver is earlier, unless th   | and the lease has n<br>vithin 30 days after             | you file your  |   |                     | or the meeting of creditors,<br>reditors and lessors you list |
|                                      | ople are filing togethe<br>d date the form.   | r in a joint case, bo                                   | oth are equal  | y responsible for supp                        | olying correct info | rmation. Both debtors must                                    |
|                                      | and accurate as possib<br>our name and case nur   |   | s needed, atta | ach a separate sheet t                        | o this form. On the | e top of any additional pages,                                |
| Part 1: List Yo                      | our Creditors Who Hav   | e Secured Claims  |                |   |                     |   |
|                                      |   | art 1 of Schedule D                                     | : Creditors V  | Vho Have Claims Secu                          | red by Property (C  | Official Form 106D), fill in the                              |
| information be<br>Identify the cre   | low.<br>editor and the property t   | hat is collateral                                       | What do you    | ou intend to do with th<br>debt?              | ne property that    | Did you claim the property as exempt on Schedule C?           |
|                                      |   |   |                |   |                     |   |
| Creditor's Fi                        | irst Bank   |   | Surrend        | er the property.                              |                     | ■ No  |
| name:                                |   |   |                | the property and redeen                       |                     | ☐ Yes   |
| Description of                       | Urb Jardin Central  | 23 Calle  |                | he property and enter in<br>mation Agreement. | ito a               | □ 162   |
| property<br>securing debt:           | Mercedita Humaca<br>Resd prop Humaca<br>& codebtor does a<br>mortgage which is<br>consequently in do<br>on or before 1/201<br>approx \$17,088.74<br>7/17/2018 | ao PR spouse<br>not pay<br>s<br>efault since<br>7 owing | □ Retain t     | he property and [explain                      | n]:<br>             |   |
| Creditor's H                         | OA Jardin Central Ir  | ıc  | ■ Surrend      | er the property.                              |                     | ■ No  |
| name:                                |   |   | ☐ Retain       | the property and redeen                       |                     | _   |
| Description of                       | Urb Jardin Central<br>Mercedita Humaca<br>Humacao County<br>Resd prop Humac<br>& codebtor on mo   | ao, PR 00791<br>ao PR spouse                            |                | he property and enter in<br>mation Agreement. | ito a               | □ Yes   |
|                                      | not paing mortgag   |   |                |   |                     |   |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

| Debtor 1 JUA                         | N ANTONIO MIRANDA SERRANO  | Case number (if known)  |                            |
|--------------------------------------|--|---|----------------------------|
| property<br>securing debt:           | consequently in default since<br>on or before 1/2017 owing<br>approx \$16,047.32 as of | ☐ Retain the property and [explain]:                                      | _                          |
| Creditor's <b>R</b> name:            | Reliable Financial Services  | ☐ Surrender the property. ☐ Retain the property and redeem it.            | □ No                       |
| Description of                       | 2013 Toyota Tacoma 60000   | ☐ Retain the property and enter into a<br>Reaffirmation Agreement.        | Yes                        |
| property                             | miles  | ■ Retain the property and [explain]:                                      |                            |
| securing debt:                       | Needs body work from   |   |                            |
|                                      | wreckage to left back door<br>VIN # 5TFJU4GN6DX038086                                  | Exempt & maintain current   | _                          |
| Creditor's S                         | cotiabank  | ☐ Surrender the property. ☐ Retain the property and redeem it.            | □ No                       |
| Description of                       | Posd prop 2h/2h located @  | ☐ Retain the property and enter into a                                    | ■ Yes                      |
| property                             | Paseo de la Ceiba Juncos Owes  | Reaffirmation Agreement.  Retain the property and [explain]:              |                            |
| securing debt:                       | approx \$6,537.89 arrears as of 6/2018   | Upon abandonment by Trustee to cure default & maintain current thereafter | _                          |
| -                                    | nexpired personal property leases  | the trustee does not assume it. 11 U.S.C. § 365(p)                        | Will the lease be assumed? |
| Lessor's name:                       |  |   | □ No                       |
| Description of lea<br>Property:      | ased   |   | ☐ Yes                      |
|                                      |  |   | _                          |
| Lessor's name:<br>Description of lea | ased   |   | □ No                       |
| Property:                            |  |   | ☐ Yes                      |
| Lessor's name:                       |  |   | □ No                       |
| Description of lea<br>Property:      | asea   |   | ☐ Yes                      |
| Lessor's name:                       |  |   | □ No                       |
| Description of lea<br>Property:      | ased   |   | ☐ Yes                      |
| Lessor's name:                       |  |   | □ No                       |
| Description of lea                   | ased   |   | ☐ Yes                      |
|                                      |  |   |                            |
| Lessor's name:<br>Description of lea | ased   |   | □ No                       |
| Property:                            |  |   | ☐ Yes                      |
| Lessor's name:                       |  |   | □ No                       |

| Deb | otor 1 JUAN ANTONIO MIRANDA SERRANO   | Case number (if known)  |
|-----|---|---|
|     | cription of leased<br>perty:  | ☐ Yes   |
| Par | 3: Sign Below   |   |
|     | er penalty of perjury, I declare that I have indicated my intent<br>erty that is subject to an unexpired lease.  /s/ JUAN ANTONIO MIRANDA SERRANO | tion about any property of my estate that secures a debt and any personal |
| ^   | JUAN ANTONIO MIRANDA SERRANO  | Signature of Debtor 2   |
|     | Signature of Debtor 1   | ·   |
|     | Date <b>June 25, 2018</b>   | Date  |

| Fill in this information to identify your case:  | Check one box only as directed in this form and in Form   |
|--|---|
| Debtor 1 JUAN ANTONIO MIRANDA SERRANO  | 122A-1Supp:   |
| Debtor 2   |   |
| (Spouse, if filing)  | 1. There is no presumption of abuse   |
| United States Bankruptcy Court for the: District of Puerto Rico  | □ 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).                          |
| Case number(if known)  | □ 3. The Means Test does not apply now because of   |
|  | qualified military service but it could apply later.  |
|  | ☐ Check if this is an amended filing  |
| Official Form 122A - 1   |   |
| <b>Chapter 7 Statement of Your Current M</b>   | onthly Income 12/15   |
| separate sheet to this form. Include the line number to which the additional info  | abuse because you do not have primarily consumer debts or because of qualifying   |
| What is your marital and filing status? Check one only.  |   |
| □ Not married. Fill out Column A, lines 2-11.  |   |
| ☐ Married and your spouse is filing with you. Fill out both Colur  | mns A and B, lines 2-11.  |
| ■ Married and your spouse is NOT filing with you. You and yo   |   |
| ☐ Living in the same household and are not legally separate  | -   |
| _  | A, lines 2-11; do not fill out Column B. By checking this box, you declare under  |
|  | ated under nonbankruptcy law that applies or that you and your spouse are   |
|  | uld be March 1 through August 31. If the amount of your monthly income varied during the ult. Do not include any income amount more than once. For example, if both spouses own |
|  | Column A  Debtor 1  Column B  Debtor 2 or non-filing spouse   |
| <ol> <li>Your gross wages, salary, tips, bonuses, overtime, and commis<br/>all payroll deductions).</li> </ol>   | ssions (before \$ 0.00 \$   |
| 3. Alimony and maintenance payments. Do not include payments from  | om a spouse if \$ 0.00 \$   |
| Column B is filled in.  4. All amounts from any source which are regularly paid for hous   | · · ·   |
| of you or your dependents, including child support. Include reg from an unmarried partner, members of your household, your dependent and roommates. Include regular contributions from a spouse only if filled in. Do not include payments you listed on line 3. | ular contributions<br>ndents, parents,  |
| 5. Net income from operating a business, profession, or farm   |   |
|  | Debtor 1  |
| Gross receipts (before all deductions)  Ordinary and necessary operating expenses  -\$  0.0  |   |
|  | 70 Copy here -> \$ 0.00 \$  |
| 6. Net income from rental and other real property  |   |
|  | Debtor 1  |
| Gross receipts (before all deductions)   | 800.00  |
| Ordinary and necessary operating expenses -\$  | 140.00  |
| Net monthly income from rental or other real property \$   | Copy<br>660.00 here -> \$ 660.00 \$   |
| 7. Interest, dividends, and royalties  | \$\$  |

|      |   |   |           | Column A Debtor 1 |             | Column B Debtor 2 or non-filing sp | oouse    |                |
|------|---|---|-----------|-------------------|-------------|------------------------------------|----------|----------------|
| 8.   | Unemployment compensation   |   |           | \$                | 0.00        | \$                                 |          |                |
|      | Do not enter the amount if you contend that the amount runder the Social Security Act. Instead, list it here:  For you  | received was a benef  |           |                   |             |                                    |          |                |
|      | For your spouse \$  |   |           |                   |             |                                    |          |                |
| 9.   | <b>Pension or retirement income.</b> Do not include any amo benefit under the Social Security Act.  | ount received that wa   | s a       | \$                | 0.00        | \$                                 |          |                |
| 10.  | Income from all other sources not listed above. Speci Do not include any benefits received under the Social Se received as a victim of a war crime, a crime against humadomestic terrorism. If necessary, list other sources on a stotal below. | ecurity Act or paymen<br>anity, or international<br>separate page and p | ts<br>or  | \$                | 0.00        | \$                                 |          |                |
|      | ·   |   | _         | φ                 | 0.00        | φ                                  |          |                |
|      | Total amounts from separate pages, if any.  |   |           | \$                | 0.00        | \$                                 |          |                |
|      |   |   |           | <u> </u>          | 1           | Ψ                                  |          |                |
| 11.  | Calculate your total current monthly income. Add lines each column. Then add the total for Column A to the total  |   | \$        | 660.00            | + \$        |                                    | = \$     | 660.00         |
|      |   |   |           |                   | J L         |                                    | Total c  | urrent monthly |
| Part | 2: Determine Whether the Means Test Applies to  | You   |           |                   |             |                                    |          |                |
| 10   | Calculate your current monthly income for the year. F   | Follow those stops:   |           |                   |             |                                    |          |                |
| 12.  |   | ·   |           | Com               | ılina 11 h  | oro                                | •        | 200.00         |
|      | 12a. Copy your total current monthly income from line 11  |   |           | Сору              | riiie ii ii | lere=>                             | \$       | 660.00         |
|      | Multiply by 12 (the number of months in a year)   |   |           |                   |             |                                    | x 1      | 2              |
|      | 12b. The result is your annual income for this part of the  | form  |           |                   |             | 12b.                               | \$       | 7,920.00       |
| 13.  | Calculate the median family income that applies to yo   | ou. Follow these step   | os:       |                   |             |                                    |          |                |
|      | Fill in the state in which you live.  | PR  |           |                   |             |                                    |          |                |
|      |   | 7 7 7   |           |                   |             |                                    |          |                |
|      | Fill in the number of people in your household.   | 2   |           |                   |             |                                    |          |                |
|      | Fill in the median family income for your state and size of   |   |           |                   |             | 13.                                | \$2      | 24,455.00      |
|      | To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankru  |   | pecified  | I in the separ    | ate instruc | tions                              |          |                |
| 14.  | How do the lines compare?   |   |           |                   |             |                                    |          |                |
|      | 14a. Line 12b is less than or equal to line 13. On Go to Part 3.  | the top of page 1, ch   | eck bo    | x 1, There is     | no presun   | nption of abuse                    | Э.       |                |
|      | 14b.   Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.  | page 1, check box 2   | The p     | resumption of     | f abuse is  | determined by                      | Form 1   | 22A-2.         |
| Part |   |   |           |                   |             |                                    |          |                |
|      | By signing here, I declare under penalty of perjury the   | hat the information or  | n this st | atement and       | in any atta | achments is tru                    | ue and c | orrect.        |
|      | χ /s/ JUAN ANTONIO MIRANDA SERRANO  |   |           |                   |             |                                    |          |                |
|      | JUAN ANTONIO MIRANDA SERRANO Signature of Debtor 1  |   |           |                   |             |                                    |          |                |
|      | Date  |   |           |                   |             |                                    |          |                |
|      | If you checked line 14a, do NOT fill out or file Form   | 122A-2.   |           |                   |             |                                    |          |                |
|      | If you checked line 14b, fill out Form 122A-2 and file  |   |           |                   |             |                                    |          |                |

Official Form 122A-1

| Fill in t  | his information t   | o identify your case:   | Check the approp lines 40 or 42:  |
|--|---|---|---|
| Debtor   | 1 JUAN A  | ANTONIO MIRANDA SERRANO   | ilites 40 01 42.  |
| Debtor   | 2   |   | According to the o  |
|  | e, if filing)   |   |   |
| United   | States Bankruntcy   | Court for the: District of Puerto Rico  | ■ 1. There is no  |
|  |   | District of Facility (100   | ── │  |
| Case n<br>(if know   |   |   | —   |
| (11 14104)   | ,   |   | ☐ Check if this is a  |
| Offic  | –   | 201 2   | D Officer if this is a  |
|  | ıal ⊢orm 1'   | 77A - 7   |   |
|  | ial Form 12   | <del></del>   |   |
|  |   | 22A - 2<br>Ins Test Calculation   |   |
| Cha  | oter 7 Mea  | <del></del>   | ement of Your Current Monthly Income (O   |
| Cha <sub>l</sub>   | oter 7 Mea  | nns Test Calculation will need your completed copy of Chapter 7 State   |   |
| Chap<br>Fo fill o  | oter 7 Mea<br>ut this form, you<br>omplete and accu   | ns Test Calculation   | together, both are equally responsible fo   |
| Chal To fill o  Be as caspace is                                 | oter 7 Mea<br>ut this form, you<br>omplete and accust<br>needed, attach   | will need your completed copy of Chapter 7 State  | together, both are equally responsible fo   |
| Chap<br>Fo fill o<br>Be as co<br>space is<br>addition            | oter 7 Mea<br>ut this form, you<br>omplete and accus<br>needed, attach a<br>al pages, write y   | will need your completed copy of Chapter 7 State urate as possible. If two married people are filing a separate sheet to this form, Include the line nur our name and case number (if known).   | together, both are equally responsible fo   |
| Chap To fill o Be as cospace is                                  | oter 7 Mea<br>ut this form, you<br>omplete and accus<br>needed, attach a<br>al pages, write y   | will need your completed copy of Chapter 7 State urate as possible. If two married people are filing a separate sheet to this form, Include the line nur  | together, both are equally responsible fo   |
| Chap To fill o Be as c space is addition Part 1:                 | otter 7 Mea<br>ut this form, you<br>omplete and accts<br>needed, attach a<br>al pages, write y  | will need your completed copy of Chapter 7 State urate as possible. If two married people are filing a separate sheet to this form, Include the line nur our name and case number (if known).   | together, both are equally responsible fo<br>nber to which additional information app |
| Chap To fill o  Be as cospace is addition  Part 1:  1. Co        | otter 7 Mea<br>this form, you<br>complete and accu-<br>to needed, attach a<br>ial pages, write y<br>Determine Y   | will need your completed copy of Chapter 7 States  urate as possible. If two married people are filing a separate sheet to this form, Include the line nur our name and case number (if known).  our Adjusted Income  | together, both are equally responsible fo<br>nber to which additional information app |
| Chap To fill o Be as cospace is addition Part 1: 1. Co           | oter 7 Mea<br>ut this form, you<br>omplete and accus<br>needed, attach a<br>all pages, write y<br>Determine Y<br>opy your total cur   | will need your completed copy of Chapter 7 States arate as possible. If two married people are filing a separate sheet to this form, Include the line nur our name and case number (if known).  our Adjusted Income  rent monthly income.  Copy line 1                                  | together, both are equally responsible fo<br>nber to which additional information app |
| Chap To fill o  Be as c space is addition  Part 1:  1. Cc  2. Di | oter 7 Mea<br>this form, you<br>complete and accus<br>coneded, attach a<br>cal pages, write y<br>Determine Y<br>opy your total cur<br>d you fill out Colo<br>No. Fill in \$0 for                        | will need your completed copy of Chapter 7 State urate as possible. If two married people are filing a separate sheet to this form, Include the line nur our name and case number (if known).  our Adjusted Income  rent monthly income. Copy line 1  umn B in Part 1 of Form 122A-1?   | together, both are equally responsible fo<br>nber to which additional information app |
| Chap To fill o  Be as c space is addition  Part 1:  1. Cc  2. Di | otter 7 Mea<br>this form, you<br>complete and accu-<br>s needed, attach a<br>lal pages, write y<br>Determine Y<br>opy your total cur<br>d you fill out Colo<br>No. Fill in \$0 for<br>Yes. Is your spor | will need your completed copy of Chapter 7 States  urate as possible. If two married people are filing a separate sheet to this form, Include the line nur our name and case number (if known).  our Adjusted Income  rent monthly income. Copy line 1  umn B in Part 1 of Form 122A-1? | together, both are equally responsible fo<br>nber to which additional information app |

iate box as directed in alculations required by this oresumption of abuse. esumption of abuse.

n amended filing

04/16

fficial Form 122A-1).

r being accurate. If more lies. On the top any

| Par | tili Det             | termine Your Adjusted Income   |  |        |
|-----|----------------------|--|--|--------|
| 1.  | Copy you             | r total current monthly income.  | Copy line 11 from Official Form 122A-1 here=> \$   | 660.00 |
| 2.  | Did you fi           | II out Column B in Part 1 of Form 122A-1?  |  |        |
|     | ■ No. F              | ill in \$0 for the total on line 3.  |  |        |
|     | ☐ Yes. Is            | s your spouse Filing with you?   |  |        |
|     | □ No.                | Go to line 3.  |  |        |
|     | ☐ Yes.               | Fill in \$0 for the total on line 3.   |  |        |
| 3.  | househole On line 11 | d expenses of you or your dependents. Follow t   | part of your spouse's income not used to pay for the these steps: the income you reported for your spouse NOT regularly used for the house | ehold  |
|     | ■ No. F              | ill in 0 for the total on line 3.  |  |        |
|     | For                  | te each purpose for which the income was used example, the income is used to pay your spouse's port other than you or your dependents. | and and the attention  |        |
|     |                      |  | \$   |        |
|     |                      |  | \$   |        |
|     |                      |  | \$   |        |
|     |                      | Total.   | \$ <i>0.00</i> _   |        |
|     |                      |  | Copy total here=> \$   | 0.00   |
|     |                      |  |  |        |
| 4.  | Adjust yo            | ur current monthly income. Subtract line 3 from  | \$ \$ \$   | 660.00 |
|     |                      |  |  |        |

#### Part 2:

Debtor 1

#### **Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

2

**National Standards** 

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,202.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

#### People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ \_\_\_\_\_\_\_ 52
- 7b. Number of people who are under 65 X 1
- 7c. **Subtotal.** Multiply line 7a by line 7b. \$ \_\_\_\_\_**52.00 Copy here=>** \$ \_\_\_\_**52.00**

#### People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X 1
- 7f. Subtotal. Multiply line 7d by line 7e. \$ 114.00 Copy here=> +\$ 114.00
- 7g. Total. Add line 7c and line 7f \_\_\_\_\_\_\_ \$ \_\_\_\_\_ Copy total here=> \$ \_\_\_\_\_\_\_ 166.00

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

| Based on information from the I | RS, the U.S. Truste | e Program has divide | d the IRS Local S | Standard for ho | ousing for |
|---------------------------------|---------------------|----------------------|-------------------|-----------------|------------|
| pankruptcy purposes into two p  | arts:               |                      |                   |                 |            |

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- 8. **Housing and utilities Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$
- 9. Housing and utilities Mortgage or rent expenses:

  - 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

| Name of the creditor | Averag | ge monthly<br>ent |  |  |
|----------------------|--------|-------------------|--|--|
| Scotiabank           | \$     | 1,119.00          |  |  |

|                                   |   |          | Conv   |     | F                     | Repeat this |
|-----------------------------------|---|----------|--------|-----|-----------------------|-------------|
| Total accordance as authorized as | Φ | 1.119.00 | Сору   | ф   | 1,119.00 <sup>2</sup> | amount on   |
| Total average monthly payment     | Ф | 1,119.00 | here=> | -\$ | 1,119.00              | ine 33a.    |

9c. Net mortgage or rent expense.

| Subtract line 9b (total average monthly payment) from line 9a (mortgage | 0.00       | Сору      |      |
|---|------------|-----------|------|
| or rent expense). If this amount is less than \$0, enter \$0            | \$<br>0.00 | here=> \$ | 0.00 |

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
  - ☐ 0. Go to line 14.
  - ☐ 1. Go to line 12.
  - 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$

| Vehicle 1 | than two vehicles.  Describe Vehicle 1:                    | 2013 Toyota Tacoma 6<br>Needs body work from                 |                          |                        |                  |  |        |
|-----------|--|--|--------------------------|------------------------|------------------|--|--------|
|           |  | 5TFJU4GN6DX038086  | wreckage to left be      | ack door vii           | <b>v</b> #       |  |        |
| 13a. Owne | ership or leasing costs usin                               | ng IRS Local Standard  |                          | \$                     | 497.00           |  |        |
|           | nge monthly payment for all<br>ot include costs for leased | Il debts secured by Vehicle 1. vehicles.                     |                          |                        |                  |  |        |
| are co    |  | ly payment here and on line coured creditor in the 60 months |                          | nat                    |                  |  |        |
| 1         | Name of each creditor fo                                   | r Vehicle 1  | Average monthly payment  |                        |                  |  |        |
| 1         | Reliable Financial Ser                                     | vices  | \$ 97.40                 |                        |                  |  |        |
|           | Total A  | Average Monthly Payment                                      | \$97.40                  | Copy<br>here => -      | \$ <b>9</b> ?    | Repeat this amount on line 33b.                |        |
|           | ehicle 1 ownership or leas act line 13b from line 13a.     | e expense<br>if this amount is less than \$0                 | ), enter \$0.            | \$                     | 399.60           | Copy net<br>Vehicle 1<br>expense<br>here => \$ | 399.60 |
| Vehicle 2 | 2 Describe Vehicle 2:                                      |  |                          |                        |                  |  |        |
| 13d. Owne | ership or leasing costs usin                               | ng IRS Local Standard  |                          | \$                     | 0.00             |  |        |
|           | ige monthly payment for al<br>d vehicles.                  | Il debts secured by Vehicle 2.                               | . Do not include costs f | or                     |                  |  |        |
| 1         | Name of each creditor fo                                   | r Vehicle 2  | Average monthly payment  |                        |                  |  |        |
| _         | -NONE-   |  | \$                       |                        |                  |  |        |
|           | Total A  | Average Monthly Payment                                      | \$                       | Copy<br>here<br>=> -\$ | 0.0              | Repeat this amount on line 33c.                |        |
|           | ehicle 2 ownership or leas act line 13e from line 13d.     | e expense<br>if this amount is less than \$0                 | ), enter \$0             | \$                     | 0.00             | Copy net<br>Vehicle 2<br>expense<br>here => \$ | 0.00   |
|           |  | e: If you claimed 0 vehicles in                              |                          |                        | rds, fill in the | Public \$                                      | 0.00   |

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

| Oth | •   | a addition to the expense deductions listed above, you are allowed your monthly expenses are following IRS categories.   | for |          |
|-----|---|--|-----|----------|
| 16. | self-employment taxes, social from your pay for these taxes.    | ount that you will actually owe for federal, state and local taxes, such as income taxes, I security taxes, and Medicare taxes. You may include the monthly amount withheld. However, if you expect to receive a tax refund, you must divide the expected refund by from the total monthly amount that is withheld to pay for taxes. |     |          |
|     | Do not include real estate, sal                                 | les, or use taxes.   | \$  | 0.00     |
| 17. | Involuntary deductions: The contributions, union dues, and      | e total monthly payroll deductions that your job requires, such as retirement d uniform costs.   |     |          |
|     | Do not include amounts that a                                   | are not required by your job, such as voluntary 401(k) contributions or payroll savings.   | \$  | 0.00     |
| 18. | filing together, include payme                                  | onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for lents, for a non-filing spouse's life insurance, or for any form of life insurance other than   | \$  | 0.00     |
| 19. |   | he total monthly amount that you pay as required by the order of a court or as spousal or child support payments.  |     |          |
|     | Do not include payments on p                                    | past due obligations for spousal or child support. You will list these obligations in line 35.   | \$  | 0.00     |
| 20. | Education: The total monthly  as a condition for your job,      | amount that you pay for education that is either required:   |     |          |
|     | _   | tally challenged dependent child if no public education is available for similar services.   | \$  | 0.00     |
| 21. | Childcare: The total monthly preschool.                         | amount that you pay for childcare, such as babysitting, daycare, nursery, and  |     |          |
|     | Do not include payments for a                                   | any elementary or secondary school education.  | \$  | 0.00     |
| 22. | that is required for the health                                 | nses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7.  |     |          |
|     | Payments for health insurance                                   | e or health savings accounts should be listed only in line 25.   | \$  | 0.00     |
| 23. | services for you and your dep<br>business cell phone service, t | ephone services: The total monthly amount that you pay for telecommunication bendents, such as pagers, call waiting, caller identification, special long distance, or to the extent necessary for your health and welfare or that of your dependents or for the ot reimbursed by your employer.                                      |     |          |
|     |   | pasic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.  | +\$ | 0.00     |
| 24. | Add all of the expenses allo<br>Add lines 6 through 23.         | owed under the IRS expense allowances.   | \$  | 2,716.60 |

| Add | Iditional Expense Deductions These are additional deductions allowed by the Means Test.   |                          |      |
|-----|---|--------------------------|------|
|     | Note: Do not include any expense allowances listed in lines 6-24.   |                          |      |
| 25. | Health insurance, disability insurance, and health savings account expenses. The monthly entire insurance, disability insurance, and health savings accounts that are reasonably necessary for you your dependents.   |                          |      |
|     | Health insurance \$   |                          |      |
|     | Disability insurance \$ <b>0.00</b>   |                          |      |
|     | Health savings account + \$   |                          |      |
|     | Total \$ Copy total here=>  | \$\$                     | 0.00 |
|     | Do you actually spend this total amount?  |                          |      |
|     | □ No. How much do you actually spend?  Yes \$   |                          |      |
| 00  |   |                          |      |
| 26. | Continued contributions to the care of household or family members. The actual monthly expected to pay for the reasonable and necessary care and support of an elderly, chronically ill, or of your household or member of your immediate family who is unable to pay for such expenses. T may include contributions to an account of a qualified ABLE program. 26 U.S.C.§ 529A(b).   | disabled member          | 0.00 |
| 27. | . <b>Protection against family violence.</b> The reasonably necessary monthly expenses that you incur safety of you and your family under the Family Violence Prevention and Services Act or other federal control of the con |                          |      |
|     | By law, the court must keep the nature of these expenses confidential.  | \$                       | 0.00 |
| 28. | <ul> <li>Additional home energy costs. Your home energy costs are included in your insurance and open<br/>line 8.</li> </ul>  | rating expenses on       |      |
|     | If you believe that you have home energy costs that are more than the home energy costs include line 8, then fill in the excess amount of home energy costs.  | d in expenses on         |      |
|     | You must give your case trustee documentation of your actual expenses, and you must show that amount claimed is reasonable and necessary.   | the additional \$        | 0.00 |
| 29. | Education expenses for dependent children who are younger than 18. The monthly expenses \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to public elementary or secondary school.   |                          |      |
|     | You must give your case trustee documentation of your actual expenses, and you must explain when claimed is reasonable and necessary and not already accounted for in lines 6-23.   | hy the amount            |      |
|     | * Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the da   | ate of adjustment. \$    | 0.00 |
| 30. | Additional food and clothing expense. The monthly amount by which your actual food and cloth higher than the combined food and clothing allowances in the IRS National Standards. That amou than 5% of the food and clothing allowances in the IRS National Standards.  |                          |      |
|     | To find a chart showing the maximum additional allowance, go online using the link specified in the instructions for this form. This chart may also be available at the bankruptcy clerk's office.  | e separate               |      |
|     | You must show that the additional amount claimed is reasonable and necessary.   | \$                       | 0.00 |
| 31. | . Continuing charitable contributions. The amount that you will continue to contribute in the form instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).  | of cash or financial +\$ | 0.00 |
| 32. | Add all of the additional expense deductions.  Add lines 25 through 31.   | \$                       | 0.00 |

| <b>Deductions</b> | for | Debt | Pav | /ment |
|-------------------|-----|------|-----|-------|
|                   |     |      |     |       |

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

|      | Mortgages on your home:                  |   |          |                              |                         |    |          |
|------|--|---|----------|------------------------------|-------------------------|----|----------|
| 33a. | Copy line 9b here                        |   |          |                              | => \$                   |    | 1,119.00 |
|      | Loans on your first two vehicles:        |   |          |                              |                         |    |          |
| 33b. | Copy line 13b here                       |   |          | :                            | => \$                   |    | 97.40    |
| 33c. | Cany line 12a hara                       |   |          |                              | => \$                   |    | 0.00     |
| 33d. | List other secured debts:                |   |          |                              |                         |    |          |
| Name | of each creditor for other secured debt  | Identify property that secures the debt   | inclu    | payment<br>de taxes<br>ance? |                         |    |          |
|      | HOA Jardin Central Inc                   | Urb Jardin Central E-8 Calle Mercedita<br>Humacao, PR 00791 Humacao County<br>Resd prop Humacao PR spouse &<br>codebtor on mortgage who is not<br>paing mortgage which is consequentl<br>in default since on or before 1/2017<br>owing approx \$16,047.32 as of | <b>y</b> | No<br>Yes                    | \$                      |    | 116.05   |
|      |  |   |          | No                           |                         |    |          |
|      |  |   |          | Yes                          | <b>c</b>                |    |          |
|      |  |   | _ "      | res                          | \$ _                    |    |          |
|      |  |   |          | No                           |                         |    |          |
|      |  |   | _ □      | Yes                          | +\$                     |    |          |
| 33e. | Total average monthly payment. Add lines | s 33a through 33d\$   | 1,3      | 32.45                        | Copy<br>total<br>here=> | \$ | 1,332.45 |

- 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?
  - ☐ No. Go to line 35.
  - Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the *cure amount*). Next. divide by 60 and fill in the information below.

| Name of the creditor   | Identify property that secures the debt  |     | Total cure amount |                         | Monthly cure amount |
|------------------------|--|-----|-------------------|-------------------------|---------------------|
| HOA Jardin Central Inc | Urb Jardin Central E-8 Calle Mercedita Humacao, PR 00791 Humacao County Resd prop Humacao PR spouse & codebtor on mortgage who is not paing mortgage which is consequently in default since on or before 1/2017 owing approx \$16,047.32 as of | \$  | 4,222.25          | ÷60 = \$                | 70.37               |
| Scotiabank             | Resd prop 3b/2b located @ Paseo de la<br>Ceiba Juncos Owes approx \$6,537.89<br>arrears as of 6/2018   | \$  | 6,537.89          | •                       | 108.96              |
|                        |  | \$_ |                   | ÷ 60 = +\$              |                     |
|                        | Total \$   |     | 179.33            | Copy<br>total<br>here=> | \$ 179.3            |

| Debtor 1 | JUAN ANTONIO MIRANDA SERRANO |  | Case number (i | if known)    |      |
|----------|------------------------------|--|----------------|--------------|------|
|          |                              |  |                |              |      |
|          |                              | owe any priority claims such as a priority tax, child support, or alimony due as of the filing date of your bankruptcy case? 11 U.S.C. § 507.  | - that         |              |      |
|          | No.                          | Go to line 36.   |                |              |      |
|          | Yes.                         | Fill in the total amount of all of these priority claims. Do not include current ongoing priority claims, such as those you listed in line 19. | or             |              |      |
|          |                              | Total amount of all past-due priority claims   | \$             | 000 ÷60 - \$ | 0.00 |

| For            | more         | eligible to file a case under Chapter 13? 11 U.S.C. § information, go online using the link for Bankruptcy Bans for this form. Bankruptcy Basics may also be available.         | sics sp        | ecified |             |       |   |
|----------------|--------------|---|----------------|---------|-------------|-------|---|
|                | No.          | Go to line 37.  |                |         |             |       |   |
|                |              | Fill in the following information.  |                |         |             |       |   |
|                |              | Projected monthly plan payment if you were filing under   | er Chap        | ter 13  |             | \$    |   |
|                |              | Current multiplier for your district as stated on the list  |                |         |             | Ť     |   |
|                |              | Administrative Office of the United States Courts (for and North Carolina) or by the Executive Office for Unit (for all other districts).                                       | districts      | in Ala  |             | Х     |   |
|                |              | To find a list of district multipliers that includes your di-<br>the link specified in the separate instructions for this for<br>be available at the bankruptcy clerk's office. |                |         |             |       | Comutatel                                       |
|                |              | Average monthly administrative expense if you were fi   | ling und       | der Ch  | apter 13    |       | \$   Copy total   here=> \$                     |
|                |              | of the deductions for debt payment. ss 33e through 36.  |                |         |             |       | \$ <u>1,511.78</u>                              |
| Total D        | educ         | tions from Income   |                |         |             |       |   |
| 38. <b>Add</b> | l all c      | of the allowed deductions.  |                |         |             |       |   |
|                |              | e 24, All of the expenses allowed under IRS<br>e allowances   | \$_            |         | 2,716.6     | 0     |   |
| Co             | py lin       | e 32, All of the additional expense deductions  | \$_            |         | 0.0         | 00    |   |
| Co             | py lin       | e 37, All of the deductions for debt payment  | +\$_           |         | 1,511.7     | 78    | ٦   |
|                |              | Total deductions  | \$_            |         | 4,228.3     | 88    | Copy total here \$ 4,228.38                     |
| art 3:         | Det          | ermine Whether There is a Presumption of Abuse  |                |         |             |       |   |
| 39. <b>Cal</b> | culate       | e monthly disposable income for 60 months   |                |         |             |       |   |
|                |              | py line 4, adjusted current monthly income  | \$             |         | 660.0       | 00    |   |
|                |              | py line 38, Total deductions  | · –            |         | 4,228.3     | _     |   |
| 33             | D. 00        | py line 30, rotal addations   | - \$ _         |         | 4,220.3     |       |   |
| 39             |              | onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a  | \$_            |         | -3,568.3    | 88    | Copy here=>\$ -3,568.38                         |
| Fo             | r the        | next 60 months (5 years)  |                |         |             |       | × 60  |
|                |              | , , , , , , , , , , , , , , , , , , ,   |                |         |             |       |   |
| 39             | d. <b>To</b> | tal. Multiply line 39c by 60  |                | 39d.    | \$          | -21   | 4,102.80   Copy<br>here=>   \$214,102.80        |
| 40. <b>Fin</b> | d out        | whether there is a presumption of abuse. Check the  | e box th       | at app  | lies:       |       |   |
| ■ .            | The I        | ine 39d is less than \$7,700*. On the top of page 1 of t  | his form       | n, che  | ck box 1, T | her   | e is no presumption of abuse. Go to Part 5.     |
|                |              | ine 39d is more than \$12,850*. On the top of page 1 of figure 1 in the first special circumstances. Go to Part 5.  | of this fo     | orm, c  | neck box 2  | , Th  | ere is a presumption of abuse. You may fill out |
|                | The I        | ine 39d is at least \$7,700*, but not more than \$12,85   | <b>0</b> *. Go | to line | 41.         |       |   |
| *Sul           | bject        | to adjustment on 4/01/19, and every 3 years after that f  | or case        | s filed | on or after | r the | e date of adjustment.                           |

| 41. | 41a. | Fill in the amount of your total nonpriority unsecured debt. If you filled out |
|-----|------|--|
|     |      | A Summary of Your Assets and Liabilities and Certain Statistical Information   |
|     |      | Schedules (Official Form 106Sum), you may refer to line 3b on that form.       |

x .25

\$ \_\_\_\_\_ Copy here=> \$ \_\_\_\_\_

41b. 25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I)

Multiply line 41a by 0.25.....

42. Determine whether the income you have left over after subtracting all allowed deductions is enough to pay 25% of your unsecured, nonpriority debt.

Check the box that applies:

- ☐ Line 39d is less than line 41b. On the top of page 1 of this form, check box 1, *There is no presumption of abuse.*Go to Part 5.
- ☐ Line 39d is equal to or more than line 41b. On the top of page 1 of this form, check box 2, *There is a presumption of abuse*. You may fill out Part 4 if you claim special circumstances. Then go to Part 5.

Part 4:

Debtor 1

**Give Details About Special Circumstances** 

- 43. Do you have any special circumstances that justify additional expenses or adjustments of current monthly income for which there is no reasonable alternative? 11 U.S.C. § 707(b)(2)(B).
  - No. Go to Part 5.
  - ☐ Yes. Fill in the following information. All figures should reflect your average monthly expense or income adjustment for each item. You may include expenses you listed in line 25.

You must give a detailed explanation of the special circumstances that make the expenses or income adjustments necessary and reasonable. You must also give your case trustee documentation of your actual expenses or income adjustments.

# Give a detailed explanation of the special circumstances

Average monthly expense or income adjustment

\$ \_\_\_\_

\$\_\_\_\_\_

\$

Part 5:

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/JUAN ANTONIO MIRANDA SERRANO

JUAN ANTONIO MIRANDA SERRANO

Signature of Debtor 1

Date June 25, 2018

MM / DD / YYYY

### **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 12/01/2017 to 05/31/2018.

#### Line 6 - Rent and other real property income

Source of Income: Rent although irregular

Income/Expense/Net by Month:

|               | Date               | Income   | Expense                     | Net      |
|---------------|--------------------|----------|-----------------------------|----------|
| 6 Months Ago: | 12/2017            | \$800.00 | \$140.00                    | \$660.00 |
| 5 Months Ago: | 01/2018            | \$800.00 | \$140.00                    | \$660.00 |
| 4 Months Ago: | 02/2018            | \$800.00 | \$140.00                    | \$660.00 |
| 3 Months Ago: | 03/2018            | \$800.00 | \$140.00                    | \$660.00 |
| 2 Months Ago: | 04/2018            | \$800.00 | \$140.00                    | \$660.00 |
| Last Month:   | 05/2018            | \$800.00 | \$140.00                    | \$660.00 |
| _             | Average per month: | \$800.00 | \$140.00                    |          |
|               |                    |          | Average Monthly NET Income: | \$660.00 |

#### Non-CMI - Social Security Act Income

Source of Income: Mother's SS Benefits

Income by Month:

| 6 Months Ago: | 12/2017            | \$300.00 |
|---------------|--------------------|----------|
| 5 Months Ago: | 01/2018            | \$300.00 |
| 4 Months Ago: | 02/2018            | \$300.00 |
| 3 Months Ago: | 03/2018            | \$300.00 |
| 2 Months Ago: | 04/2018            | \$300.00 |
| Last Month:   | 05/2018            | \$300.00 |
|               | Average per month: | \$300.00 |

#### Non-CMI - Social Security Act Income

Source of Income: SS Benefits

Income by Month:

| 6 Months Ago: | 12/2017            | \$1,932.00 |
|---------------|--------------------|------------|
| 5 Months Ago: | 01/2018            | \$1,932.00 |
| 4 Months Ago: | 02/2018            | \$1,932.00 |
| 3 Months Ago: | 03/2018            | \$1,932.00 |
| 2 Months Ago: | 04/2018            | \$1,932.00 |
| Last Month:   | 05/2018            | \$1,932.00 |
|               | Average per month: | \$1,932.00 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

## United States Bankruptcy Court District of Puerto Rico

| In | re       | JUAN ANTONIO MIRANDA SERRANO  |                  | Case No.       |                                    |
|----|----------|---|------------------|----------------|------------------------------------|
|    |          | Debtor(s)   |                  | Chapter        | 7                                  |
|    |          | DISCLOSURE OF COMPENSATION OF AT  | TORNEY           | FOR DE         | BTOR(S)                            |
| 1. | co       | resuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the empensation paid to me within one year before the filing of the petition in bankre rendered on behalf of the debtor(s) in contemplation of or in connection with the second of the debtor | uptcy, or agree  | d to be paid t | to me, for services rendered or to |
|    |          | FLAT FEE  |                  |                |                                    |
|    |          | For legal services, I have agreed to accept   | \$               |                |                                    |
|    |          | Prior to the filing of this statement I have received   |                  |                |                                    |
|    |          | Balance Due   |                  |                |                                    |
|    |          | RETAINER  |                  |                |                                    |
|    |          | For legal services, I have agreed to accept and received a retainer of  | \$               |                | 2,000.00                           |
|    |          | The undersigned shall bill against the retainer at an hourly rate of [Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Cour fees and expenses exceeding the amount of the retainer.   | t approved       |                | 275.00                             |
| 2. | \$_      | 335.00 of the filing fee has been paid.   |                  |                |                                    |
| 3. | Th       | ne source of the compensation paid to me was:   |                  |                |                                    |
|    |          | ■ Debtor □ Other (specify):   |                  |                |                                    |
| 4. | Th       | ne source of compensation to be paid to me is:  |                  |                |                                    |
|    |          | ■ Debtor □ Other (specify):   |                  |                |                                    |
| 5. |          | I have not agreed to share the above-disclosed compensation with any other p  | person unless th | ney are memb   | ers and associates of my law firm  |
|    |          | I have agreed to share the above-disclosed compensation with a person or per copy of the agreement, together with a list of the names of the people sharing   |                  |                |                                    |
| 6. | In       | return for the above-disclosed fee, I have agreed to render legal service for all   | aspects of the l | oankruptcy ca  | ase, including:                    |
|    | b.<br>c. | Analysis of the debtor's financial situation, and rendering advice to the debtor Preparation and filing of any petition, schedules, statement of affairs and plan Representation of the debtor at the meeting of creditors and confirmation hear [Other provisions as needed]   | which may be     | required;      |                                    |

By agreement with the debtor(s), the above-disclosed fee does not include the following service:

In re

Debtor(s)

## **DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

(Continuation Sheet)

|  | CERTIFICATION  |
|--|--|
| I certify that the foregoing is a complete shis bankruptcy proceeding. | statement of any agreement or arrangement for payment to me for representation of the debtor(s) in |
| June 25, 2018  | /s/ Lyssette A Morales Vidal   |
| Date   | Lyssette A Morales Vidal 120011  |
|  | Signature of Attorney  |
|  | L.A. MORALES & ASSOCIATES P.S.C.   |
|  | URB VILLA BLANCA   |
|  | 76 AQUAMARINA  |

Caguas, PR 00725-1908 787-746-2434 Fax: 1-855-298-2515 lamoraleslawoffice@gmail.com

Name of law firm

# United States Bankruptcy Court District of Puerto Rico

| In re | JUAN ANTONIO MIRANDA SERRANO |           | Case No. |   |
|-------|------------------------------|-----------|----------|---|
|       |                              | Debtor(s) | Chapter  | 7 |

## **VERIFICATION OF CREDITOR MATRIX**

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

#### MIRANDA SERRANO, JUAN - - Pg. 1 of 1

JUAN ANTONIO MIRANDA SERRANO RELIABLE FINANCIAL SERVICES PO BOX 1651 LAS PIEDRAS PR 00771-1651

PO BOX 21382 SAN JUAN PR 00928

LYSSETTE A MORALES VIDAL L.A. MORALES & ASSOCIATES P.S.C. PO BOX 363368 URB VILLA BLANCA 76 AQUAMARINA CAGUAS, PR 00725-1908

SCOTIABANK SAN JUAN PR 00936-3368

CRIM BANKRUPTCY DIVISION PO BOX 195387 SAN JUAN PR 00919

ELA DEPT OF TREASURY BANKRUPTCY DIV #424 B PO BOX 9024140 SAN JUAN PR 00902-0140

FIRST BANK PO BOX 84025 COLUMBUS GA 31908-4031

FIRST BANK AGENCY COLLECTION DEPT PO BOX 9146 SAN JUAN PR 00908-0146

GEOVANNA SERRANO SANTIAGO 23 CALLE MERCEDITA HUMACAO PR 00791

HOA JARDIN CENTRAL INC PO BOX 9694 SAN JUAN PR 00908-0694

IRS PO BOX 7346 PHILADELPHIA PA 19101-7346